MARYLAND STATE DEPARTMENT OF HEALTH

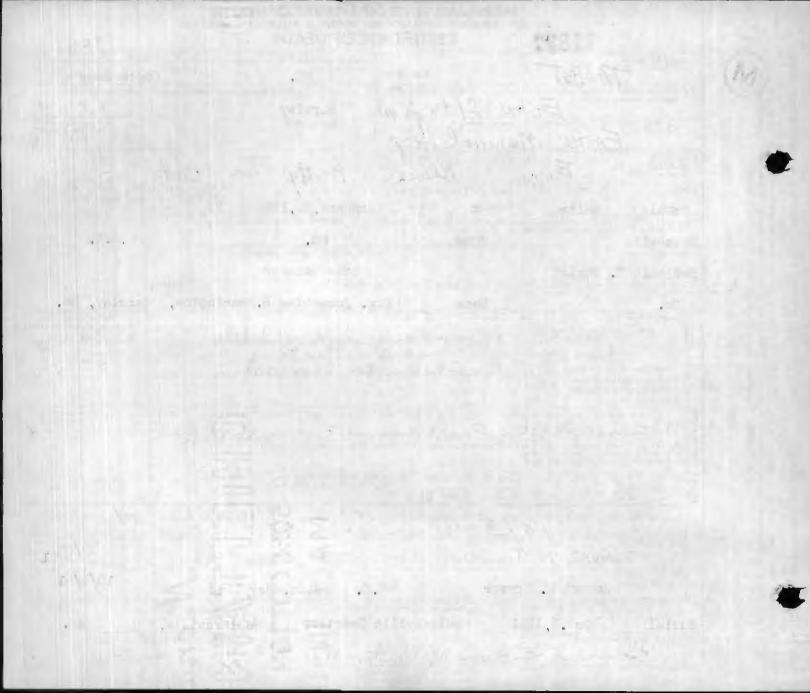
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	11877 CERTIFICATE OF DEATH										
1. PLACE OF DEATH o. COUNTY  TALBOT  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Queen Anne									1		
	b. CITY OR TOWN (If RURAL and give ne	outside carporote limarest lown)	ten 2	NGTH OF STAY IN	Miss .	Barclay		prote limits, write R	URAL ond giv	re nearest tow	-2
)	d. NAME OF HOSPITA	AS TEN	nemovio	il Hos	0.	d. STREET ADDRESS					SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Enn	rst A	Blanch	Pe_	Beatty	4. DATE OF DEATH	Oct	th the	3 Day	Year 19 6/
5.	sex Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	_	nuary, 30, 1	886	9. AGE (In years last birthday) 75 yrs.	,	YEAR IF UND	1
١	o. USUAL OCCUPATIO during most of work	N (Give kind af work ing life, even if retired	done 10b, KIND			Md.		ountry)	-	B.A.	COUNTRY?
	enjamin F.	Taylor				Anna Skinn					
15.	WAS DECEASED EVER		RCES? 16. SOCIA		Mrs.	Josephine	B.Pen	nington,		lay, Mo	d.
CERTIFICATION	Conditions, if ar gove rise to in cause (o), stating I lying cause last.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING	ine diote Due To	c) Cens	earthi	H BUT NOT	Left mind and a record and a re	minal diseas	ive Rail	VEN IN PART	PERF	yrs.
MEDICAL	20c. TIME OF INJURY Hour o. m., p. m.  21. I certify that	Y Manth, Day, Ye 19 t (1) (this haspita	While of work :	Nal while	factory,	OF INJURY (Home, for street, affice bldg., e		70/3		unty) , that (1)	(Slote)
	22c. PHYSICIAN'S	Bert W.	Treve		M.D.	22d. ADDRESS	MED. DIRECTOR [	STAFF PHYS.	d an the	-	Zb. DATE
E	BURIAL, CREMATION REMOVAL (Specify)	Oct.7,19	OF 23c.	NAME OF CEMET		ematory Cemetery	23d. 10CA Sudl	TION (City, tawn, c	,	(Sto	ole)
24.	FUNERAL DIRECTOR	SIGNATURE	malla	ADDRESS WILL	motor	m Md DATE	CT 9 '6		STRAR'S SIGN		

ours after death. Page 4 by the funeral and 2 should be TO HO; It OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be, coined by the haspital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely fillipage 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

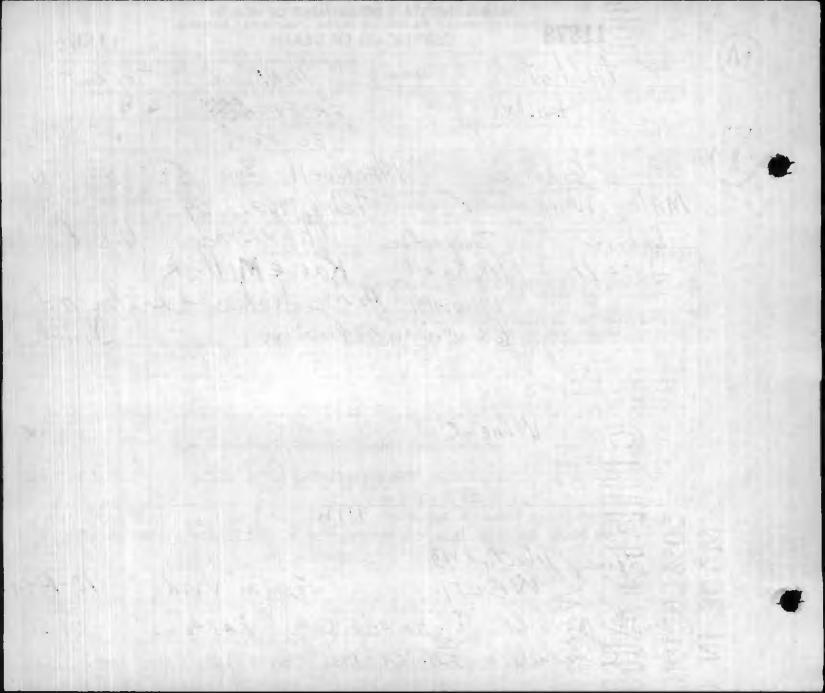
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B. COUNTY  B. CITY OR TOWN Iff outside corporate limits, write and the secret from the bright of	3 -	., -004
RUBAL and give necres town	ノ	o COUNTY TO // TO COUNTY TO
OR INSTITUTION    3	×	RURAL and give nearest tawn) Easton Easton
DECEASED   Spart   County   Co	1	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  d. STREET ADDRESS  J 3 0 PO Y   II. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)
Total County   Months   Days   Hours   Months	3.	DECEASED
during most of working life, even if relited)  Domest La, MGTHER'S MADEN NAME  13. FATHER'S NAME  Death La, MGTHER'S MADEN NAME  14. MGTHER'S MADEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Of the most of without a control of the color of dotter of service)  18. CAUSE OF DEATH [Enter only one course peoplifie for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  OUR TO  Conditions, if any, which gove rise to immediate course (a), stoling the yinder  OR CONTERBUTING COUNTY OF COUNTY	5.	Manths Days Hours Min.
15. WAS DECEASEDEVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one coure perfile for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if any, which gove rise to immediate coure (do), stoing the under (b), stoing the under (c), stoing the under (b), stoing the under (b), stoing the under (c), stoing in Cause of DEATH  OF CONTRIBITING CAUSE (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) 19. WAS AL PERFORM TO CONTRIBITING CAUSE OF DEATH  OF CONTRIBITION		during most of working life, even if retired) Domestic MARY/And U.D. H.
18. CAUSE OF DEATH   Enter only one cause perifice for (a), (b), and (c).	13	SEPH BLACKWELL KatieMiller
PART I. DEATH WAS CAUSE DBY: COUNTY ORDINGS ON THE DIE TO Conditions, if any, which gave rise to Immediate cause (a), storing the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALL PERFORM YES ON CONTRIBUTING COURSED CONTRIBUTING COUNTRIBUTING COUNTR		
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gove rise to immediate cause (a), storing the <u>under lying couse lost.</u>   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALL PERFORM YES	7	420.) DUE TO
PERFORM YES   20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Medical EXAMINER)  20c. TIME OF INJURY Medical EXAMINER)  20c. TIME OF INJURY Medical EXAMINER  20c. TIME OF INJURY Home, farm, 20c. (City or town)  (County)  (County)		gave rise to immediate cause (a), stating the under-
20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year Hour o. m., p. m. 19   20d. INJURY OCCURRED While Not while at work   20e. PLACE OF INJURY (Home, farm, p. m. 19   4 work   20e. PLACE OF I	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \) NO \( \sum \)
Hour o. m.    19   While   at work	CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
saw the deceased alive an	MEDICAL	Hour a.m. While Not while factory, street, office bldg., etc.)
22c. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS NAME (Type)  23d. ADDRESS NAME (Type)  24f. FUNERAL DIRECTOR'S AGNATURE  ADDRESS NAME (Type)  25d. REC'D BY REGISTRAR'S SIGNATURE		
22d. ADDRESS NAME (Type)  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  24d. ADDRESS NAME (Type)  25d. REC'D BY REGISTRAR'S SIGNATURE  25d. REC'D BY REGISTRAR'S SIGNATURE		220. SIGNATURE 225. DATE SIGNE SIGNE
REMOVAL (Specify) 10-16-61 KICHARDS CEM FACTOR  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE		22c. PHYSICIAN'S 22d. ADDRESS
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	23	REMOVAL (Specify)
TREE TO THE TOTAL OF THE PARTY	24	

IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Figure after death. Page 4 spined by the haspital or otherding physician.

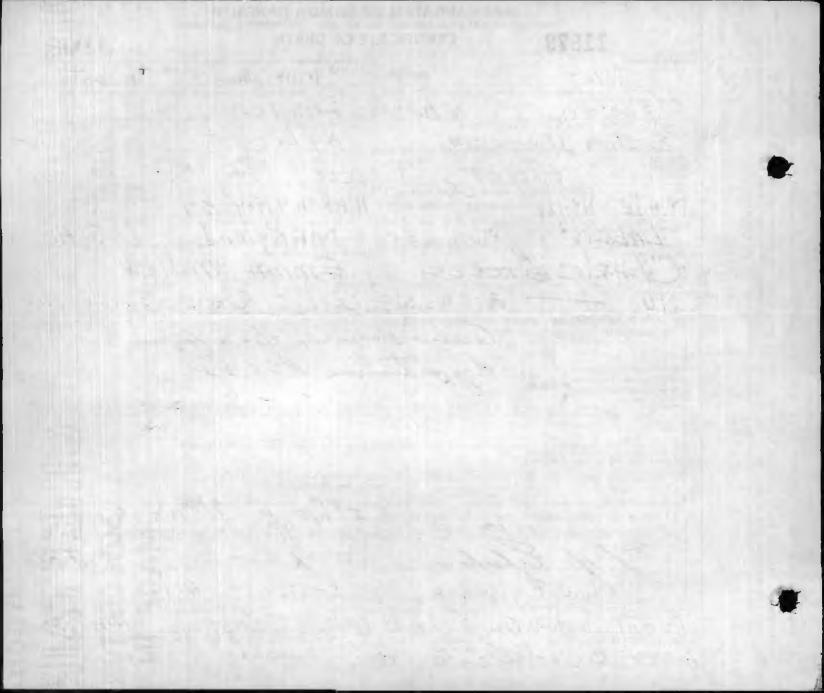


DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 11879 CERTIFICATE OF DEATH the funeral director, should be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY MARYLAND irs after death. b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) AS7 0 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D NAME OF Middle Last 4. DATE Month Day Year DECEASED Pages (Type or print) DEATH 196 进 deal IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours DIVORCED [ WIDOWED popers. compl 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store 12. CITIZEN OF WHAT COUNTRY? during host of working life, even if retired) HDOLER pup 13. FATHER'S NAME 14. MOTHER'S physician .⊆ remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT aftending CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ┙ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ģ permit. Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (a), stoting the undercertificate has been si e as the burial-transit lying couse lost attending physician. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS crematian, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o.m. While Not while ot work of work p. m. (R/12, 19.6/, that (I) (we) last 21 1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an... 19.6%, and that death accurred at ZZ:M, from the causes and an the date stated above. DIRECTOR 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 72c. PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) TO FUNERAL 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) he JUVIA 24. FUNERAL DIRECTOR'S SIGNAPURE 25K REGISTRAR'S SIGNATURE ADDRES: 25a. REC'D BY REGISTRAR VR A15 (4) DATE OCT 2 4 '61 Collins S. Thous 15M 9/59

death certificate

that

MARYLAND STATE DEPARTMENT OF HEALTH



aurs after death. Page 4 ar by the funeral directar, and 2 should be filed with TO HOY ILOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2, may be exhibed by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fillipage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after seath.

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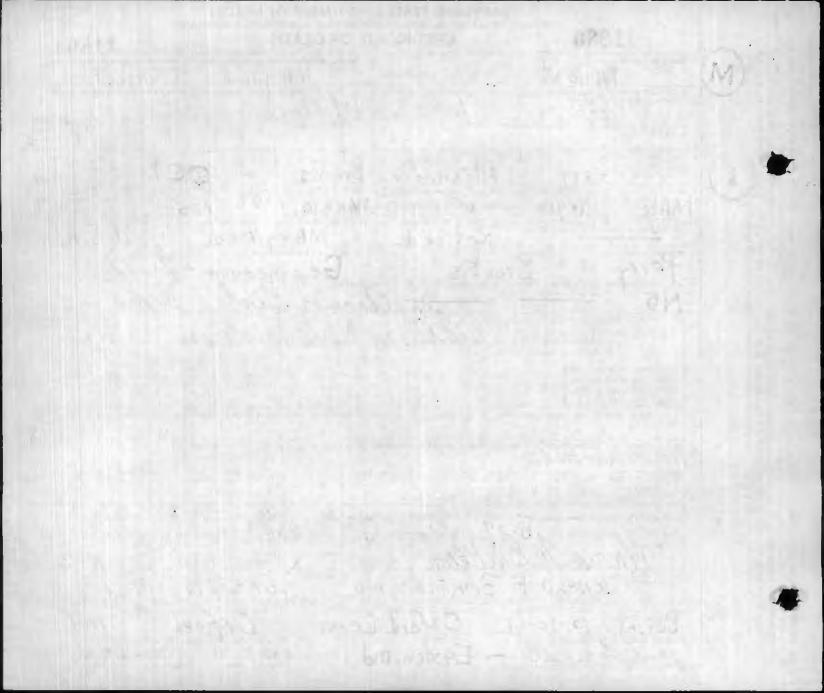
# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND **CERTIFICATE O** 

11880

F DEATH	1	1.884
L RESIDENCE (Where deceased lived.	If institution Residence	before admission

	1. PLACE OF DEATH a. COUNTY  A D D  MARYLAND  2. USUAL RESIDENCE (Where deceased, lived. If institution, Residence before admission) b. COUNTY TA Do  MARYLAND
	b. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  LIFE  C. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSEITAL (If not in haspital, give street address) OR INSTITUTION  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \text{NO} \)
	3. NAME OF DECEASED (Type or print) Perry Alexander Brooks 4. DATE OF DEATH DECT. 27, 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH NAME NOT BUT DIVORCED NAME OF BIRTH NAME NOT BUT DIVORCED NAME OF BIRTH NAME
	10a. USUAL OCCUPATION (Give kind of work dane lob, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  WHYYAND  12. CITIZEN OF WHAT COUNTRY  U. S. A.
	Perry Brooks Georgeanna Fields
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17 INFORMANT (15 yes, give wor or doles of service) (16 yes, give wor or doles of service) (17 yes, give wor or doles of service)
	PART I. DEATH WAS CAUSED BY:  UNSET AND DEATH  DUE TO  DUE TO
	Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PROPERTY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PROPERTY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PROPERTY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PROPERTY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PROPERTY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PROPERTY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PROPERTY II. OTHER SIGNIFICANT CONTRIBUTIONS
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not while at work at
	21. I certify that (I) (this haspital) attended the deceased fram 1960, ta 10-27, 1961 that (I) (we) last saw the deceased alive an 10-27, 1961, and that eight accurred a 30 M, from the causes and on the date stated above
	220. SIGNATURE ATTENDING MED. STAFF 10-30-50 DIRECTOR DIRECTOR 10-30-60 PHYS.
	NAME (Type) DONALD F. BARTLEY, MD. EASTON, MD.
	230 BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (Spate)  DUY A 10-30-61 DX 6vd Cem. DX 6vd Md
(	24. FUNERAL DIRECTOR'S RIGHLATURE 256. REGISTRÂR'S SIGNATURE DATE NOV 6 61 Cuthun & this was



ours after death. Page 4 by the funeral director, and 2 should be filed with TO HOSE ALL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24, may stained by the hospital or ottending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

1	77007	CERTIFICA	TIE OF DEATH			11000
)	PLACE OF DEATH a. COUNTY TAL bot	MARYLAND	2. USUAL RESIDENCE (W G. STATE		institution: Residence	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  A 5 T 0 77	8 days	c. CITY OF TOWN (IF	outside corporate limits;	write RURAL and gi	ve nearest fawn)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HENORIAL HOS	pital	d. STREET ADDRESS		172	e. IS RESIDENCE ON A FARM? YES NO
3.	3. NAME OF DECEASED (Type or print) Toseph W	//////////////////////////////////////	Collier	4. DATE OF DEATH	Month / O	Day Year 18 6
5.	5. SEX 6. COLOR DE RACE 7. MARRIED X	DIVORCED	B. DATE OF BIRTH	81 - 9. AGE (Ir	1 1	YEAR IF UNDER 24 HRS. Days Hours Min.
104	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Waltrussess  Lyste	F BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	or fareign country)	12.CITIZ	EN OF WHAT COUNTRY?
13.	13. FATHER'S NAME Thu Thomas Ca	eleen	14. MOTHER'S MAIDEN	NAME Cell	ein_	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes no, or unknown]  [If yes, give wor or dates of service]  213 a.	11 m	nformant Lecis	· Celler	Address	world Mes
	18. CAUSE OF DEATH [Enter only one couse per line for (or PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	(), (b), and (c).]	Lecytite	7.1		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b) (b) Que rise to immediate cause (a), stating the under-	inquila	ted umli	dical of	counce	Edays
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	L I	T NOT RELATED TO THE TERM	IINAL DISEASE CONDITI	on given in part	1(o) 19. WAS AUTOPSY PERFORMED? YES NO W
		OW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item	1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY C While Not wark at wark at the state of the st	occurred 20e, P	LACE OF INJURY (Home, fari actory, street, office bldg., et	m, 20f. (City or town)	(C	ounty) (State)
	21. I certify that (I) (this haspital) attended the saw the deceased alive an 10 -15 -1		death accurred at	M, fram the caus		I, that (1) (we) last date stated above.
	220. SIGNATURE REPORT W. Tre		ATTENDING N	STAFF	1	0/23/61 SIGNED
	22c PHYSICIAN'S NAME (Type) Robert W. Trever	1	M. D. East on	, Maryland		10/23/61
23	23a. BURIAL, GREMATION 23b. DATE THEREOF 23c. BEMOVAL Specify Get 21-1961 Oct	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	tawn, or county) -	Mey land
24	Formal Best & Best But But.	PDRESS L'	MQ, DATOC		b. REGISTRAR'S SIG	

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Division of STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution Residence before admission) delay is necessary, sheral director. Page ined for your files. Talbot b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Easton DOA Kent Harrows d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Memorial Hospital. Hale NAME OF Middla 4. DATE Month DECEASED OF (Type or print) Andrew Cottman DEATH Oct. unid be executed within a property, 2, and 3 to in pencil in hem 18. Give Pages 1, 2, and 3 to in pencil in a post of the pencil in a penc 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In yeers | IF UNDER I YEAR | 57 vrs DIVORCED [ 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE IStale or fore on country) done during most of working life, even if retired)
Seafood Worker Seafood Md. Office along with form PM3. busial-transit permit. Me page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Cottman Sara Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, ng., or unkown) | (Ifyesgivewarordetasofservica) Mrs. Estelle unknown Cottman 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY, Left Hemothorax DUE TO multiple stab wounds of left chest Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stelling the underlying Examiner cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION execute the certificate, writing the word none Medical shimila 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of interry in Part it or Part it of tem 18.) CAUSE OF WEATH. stabbed during a fight a beer ded to the Chief 20c, TIME OF INJURY 2Dd. INJURY OCCURRED, 2De. PLACE OF NJURY (Homa, farm, 2Df. (City or town) Month, Dev. Yeer factory, streat, offica bldg., atc.) While 6 Lat work tavern al work Chester prior DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X death resulted from. Suicide Homicide K Undetermined manner Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER Should be for SIGNATURE DEPUTY MEDICAL EXAMINER TO EXAMINER'S Layton, II.D. NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 45 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Chrimos & Thank 5M 7/59

IARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

Year

Day

U.S.A.

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

hr

PERFORMED?

NO

(Stefa)

and in my opinion

DATE SIGNED



1 1/1	11	tem 18 Film 301 11-MARYLAND STATE DEPARTMENT OF HEALTH
1 15		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		11883 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALIII DEPI.		PLACE OF DEATH  2. USUAL RESIDENCE (Where daceased lived, if institution, Residence before admission as COUNTY)  3. COUNTY
Page 88.		14/601 MARYLAND MARYLAND MARYLAND TAIDOT
ST. T. T.		b. CTY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  c. CITY OR TOWN (II putside corporate limits, write RURAL and give neerest town)
E D D D		EASTON 10 da THS ton
Pos Bos	arti.	d NAME OF HOSPITAL OR INSTITUTION (if not in/hosp tal, give street eddress)  Al  ON A FARM?  ON A FARM?
at tate	3	NAME OF MORIN HOSPITAL NIGHT Les' 4 DATE Mouth Day Year
deg deg	ľ	DECEASED OF
the the the	5.	SEX   6. CQLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
des may wi urs		MAR NEGVO WIDOWED DIVORCED 10-26-12 Lest brithdey) Months Deys Hours Min.
2, a 5 and 2 hod 2	100	LUSUAL OCCUPATION (Give kind of work   1Db, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
Page 1	do	LAPARER CRANE NOVATER MARYLAND U.S.A.
Pages dithir	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Read I)		Emory D:11 Henrietta D:11
A COLUMN TO THE		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INDORMANA Address
A De E Se	_	TES WWIL 219-01-3360 DUEIAN VIII - EASTON, MID.
in the cut was a secution of the cut of the		B. CRUSE OF DEATH (Enlar only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY,  NOSET AND DEATH
and and		IMMEDIATE CAUSE (a) PIATRE 1 generalized and coronary atherosclerosis
inial-		Conditions, dany, which the with marked coronary narrowing
P. C. S.		gava rise to immediata ceuse
ding ding ding ding ding ding ding ding		(e), sleting the underlying DUETO  cause last.
ped per cami	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY
Par Dard	CERTIFICATION	PERFORMED?  YES NO
This was	HER	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) PRIMARY [ or CONTRIBUTING
rial X X X	-	CAUSE OF DEATH.
Sp. Sp. Opt.	NO.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (State)  Hour a.m. While Not While factory, street, office bldg., atc.)
W. W	ED!	p.m. 19 at work et work
Day of Pring		21. I certify that I took charge of the remains described above, held an Autopsy 1 Inspection , Inquiry , and in my opinion
Ged and the series		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
the characters was		ACTUAL CHIEF MEDICAL EXAMINER C
M to		SIGNATURE
X Section 1		NAME (Type)  WELTV  Address (Street, city, town, or county)
S do S	22	BURIAL, CREMATION, 226. DATE THEREOF TOZC. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
O 5 4 0 9		Burit 11-2-61 Unionville Cem. Unionville, No.
VS. A15ME	23	ADDRESS 248. RECIDAY SEGISTER 246. REGISTER
5M 7/59	-	James & Vashiell DATE
i,X		

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Pos degree a. COUNTY b. COUNTY 14 Z MARYLAND LENGTH OF STAY IN 16 b, CITY OR TOWN (if guitside corporate lim ts, c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) PY write RARAL and give nearest town) þ OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) d STREET KODRESS . IS RESIDENCE ON A FARM? YES NO E 3. NAME OF Middle 4 DATE Day DECEASED OF (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days USUAL CICCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? foreign country) physicia please attending WAS DECEASED EVER IN U.S ARMED FORCES? Then (If yes give wat or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if eny, which geve rise to immediate cause DUE TO (a), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)] 19, WAS AUTOPSY **PERFORMED?** NO 200 ACC DENT WAS UNDERLYING \_ OR CONTRIBUTING \_ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NURY OCCURED, (Enter neture of miury in Pert I of Jem 18 ) 20c. TIME OF INJURY 1 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, (State) Month, Dey, Year 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Howr a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from NOV1 19 19.01., that (I) (we) last saw the deceased alive on 19.0/..., and that death occured at 4.4.4M, from the causes and on the date stated above. DATE 22a. SIGNATURE ATTENDING MED. SIGNED STAF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) direct be file 0 25e. REC'D 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/m DATE OCT Ciriling & Kinus

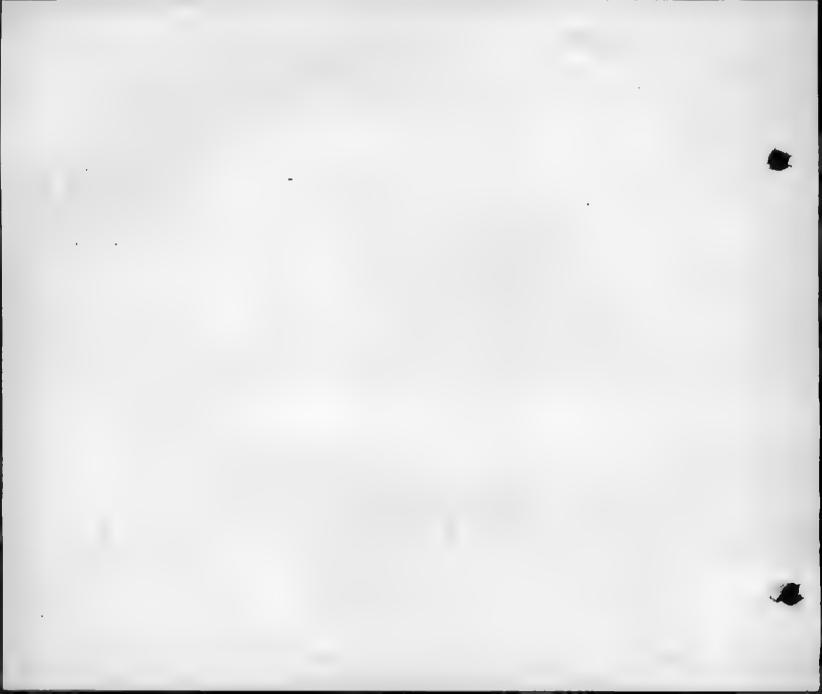


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11885

4	9	15	4	7.1
1	ì	34	4	()
- 1	_	-		1.2

1. PLACE OF DEATH O. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)  o. STATE  Laryland  b. COUNTY  Caroline								
b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)  A Stan 13 Cays	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Greensboro								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ASTON Menerial Hosp.	d. STREET ADDRESS  None  e IS RESIDENCE ON A FARM? Y YES \( \) NO \( \)								
3 NAME OF DECEASED (Type or print) First Middle	GIERUCS 4. DATE Month Day Year DEATH Of 25 1961								
s sex   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   last birthday)  1-1-1823  68 / FS.   Manths   Days   Hours   Min.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)									
Housewife None	Maryland U.S.A.								
Steven Cain	No Record								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address								
1	harles Gleaves Greensboro, Maryland								
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), slating the <u>under-lying cause lost</u> .  (c)	zelonephritis Unknown								
O ACCIDENT WAS UNDERWING TO JOB DESCRIBE HOW INJURY OCCURDED	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part 1 or Part 11 of item 18.)								
OR CONTRIBUTING CAUSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER)	,								
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Law 19 of work of work of work of work of work	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.) (City or town) (County) (State)								
saw the deceased alive an 10-2+ 1961, and that a	21. I certify that (I) (this hospital) attended the deceased fram 10-12								
23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, ar county) (State)								
Burial 10-28-61 Newtown	Cardova, Maryland								
John E Boulais Brensl	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE OCT 3 0 '61								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 11885 CERTIFICATE OF DEATH director 1. PLACE OF DEATH 2 USUAL RESIDENCE (W)here deceased lived. If institution- Residence before admission) a. COUNTY 3 o. STATE **b.** COUNTY MARYLAND b. CTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn ne rwos TWOOD Shoul the d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? NX YES NO ( NAME OF First Middle Lost 4. DATE Month. Year Day DECEASED OF DEATH fille ages (Type or print) 19 er death ierely 6 COLOR OR RACE ARRIED THEVER MARRIED B. DATE OF BIRTH 9. AGE fin years IF UNDER 1 YEAR IF JUNDER 24 HRS last birthday) Months Doys Hours DIVORCED [ 5 yrs 0 papers. oft campl USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mostgaf working life, even if retired) and unborer pou 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAMI remave cart vent, within 3 physician JArner ATHCT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT event, 230-65-1292 attending eose 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b)-end\_(c).] INTERVAL BETWEEN ONSET AND DEATH ם PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to ŧ DUE TO à parmit Conditions, if any, which (b) Z been signed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. burial-transit attending physician a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY emotian, PERFORMED? hos YES NO CERTIFS 20₀. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) While a.m. Not while this by the haspital of ot work ot work p. m. 21 I certify that (1) (this-hospitat) attended the deceased from..... .ta.C , that (I) (we) last detached Health saw the deceased alive or and that death accurred of the M, from the couses and an the date stated above AL DIRECTOR: 22a SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR [ STAFF PHYS M.D PHYS 22c PHYS CIAN 22d ADDRESS NAME ITUS FUNE ര page 3 the Stat 23a BURIAL CRÉMATION. 236, DATE THEREOF MAME OF CEMETERY OR CREMATÓRY LOGATION (City, town, or county) (Stote) REMOVAL (Specify) 0 NERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) DATE Certhung of theme 15M 9/59

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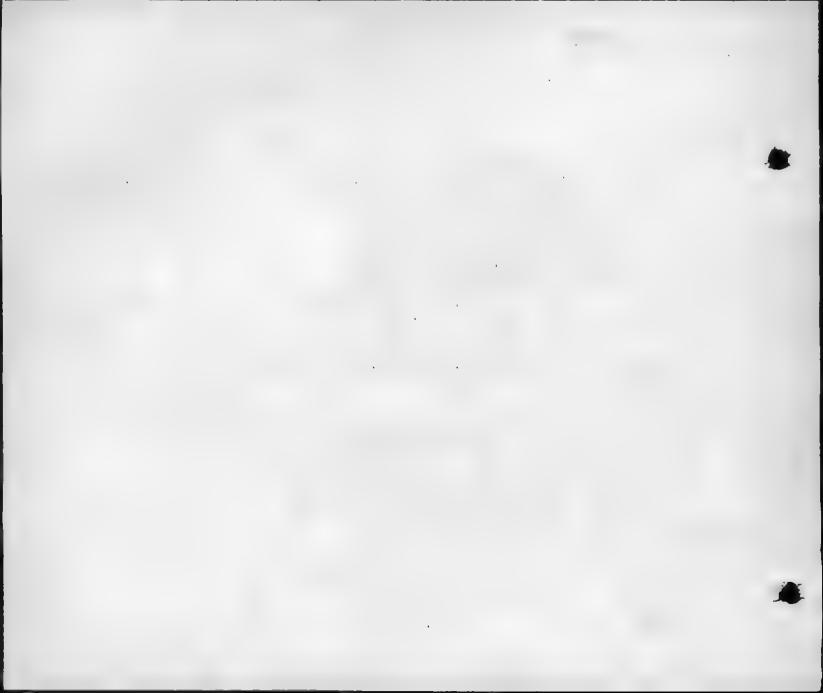
MARYLAND STATE DEPARTMENT OF HEALTH IMORE 1, MARYLAND

DIVISION	OF	STATISTICAL	RESE/	ARCH	AND	RECOR	DS —	BALT
		CEI	RTII	FIC.	ΔTF	OF	DEA	<b>ATH</b>

A	11387 CERTIFICA	IE OF DEATH	13872
	1. PLACE OF DEATH a. COUNTY A/Dof MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Reside a STATE b. COUNTY A	ence befare adm ssian)
	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  ASTON  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If consider corporate limits, write RURAL and	
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NEMORIAL HOSDITAL	d. STREET ADDRESS maple age.	e IS RESIDENCE ON A FARM? YES \( \text{NO} \) NO \( \text{NO} \)
	3. NAME OF DECEASED (Type or print) Besse HNNA	Green 4. DATE Manth OF DEATH 10	Day Year 19 6/
	S. SEX    6. COLOR OR RACE   7 MARRIED   NEVER MARRIED	Mary 10-1874 gg birthday) Manths	ER I YEAR IF UNDER 24 HR Days Hours Min.
	10a. USUAL OCCUPATION (G ve kind af wark dane 10b KIND OF BUSINESS OR INDÚ- during mast af working life even if retyred)	STRY 11. BIRTHPLACE (State as/foreign country) / 12 C	SA
)	13. FATHER'S NAME Willis Griffith	14 MOTHER'S MAIDEN NAME VALENOUN	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES 116 SOCIAL SECURITY NO. 17. IV	M. Bitty Walls = Church Hel	el Ind.
	PART I. DEATH WAS CAUSED BY FART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) FREE PRAL AS	CULAR OCCLUSION	ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (a), staling the under-	ERIOSCLEROSIS	moure
		F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTIES IN CELEGISTIVE FAILUR  D. (Enter nature of injury in Port I or Part II of item 18.)	ART 1(0) 19 WAS AUTOPS PERFORMED? YES NO
	3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, ctary, stree), affice bldg., etc.)	(County) (State
	21 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an	death accurred at BM, fram the causes and an t	
1		M.D. PHYS. BATENDING MED. STAFF DIRECTOR PHYS.	10 20 DATE 5 COME
	22c PHYSICIAN'S NAME (Type) S. Krech Jr.	22d. ADDRESS Easton, Md	, / / <u>L</u>
	230 EQRIAL CREMATION. 236 DATE THEREOF 23c MAME OF CEMETERY OF COMMENT OF CEMETERY OF CEMETERS OF CEMETERY OF CEMETERS OF CEME	y (tid gely	md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALLE FELLS	250. REC'D BY REGISTRATY 256 REGISTRAR'S	SIGNATURE

by the funeral director, and 2 should be filed with urs ofter death. Page 4 O HOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hamony be made by the hospital or ottending pluysicion.

O FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 on the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSP may be TO FUNE VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11888

11873

1.	PLACE OF DEATH a. COUNTY						RESIDENCE (	Where dece			Residence	befare	odmissi	on)
	Talbo	t		MARY	LAND	a. STA	Mary!	land	ь.	COUNTY	albo	t		
	b. CITY OR TOWN (If auts RURAL and give neares)		its, write	c LENGTH OF STAY	IN 1b	c. CIT	OR TOWN (	(If outside co	rporate limit	, write RU	RAL and gir	ve near	est fown	
	Trapp			life		X	Trappo	е						
	d. NAME OF HOSPITAL (IF	nat in hospitol, g	ive street	address)			EET ADDRESS					ė	IS RESI	
		Street				1	Main S	Stree	t					PARM?
3,	NAME OF	Fir		Middle		*	Last	4. DAT	E	Monti	1	Day	1	eor
	(Type or print)		ida	May		Grif	fin	DEA	нос то		,			61
S	SEX 6 C	OLOR OR RACE	7. MARI	RIED   NEVER MARRIE	0 🔲	B. DATE OF	BIRTH		9 AGE		IF UNDER 1			
	Female V	White	WIDOW	ED 📆 DIVORCE		Jan.	20,189	91 \	7 90	yrs	Manths D	Days	Hours	Min
10	J. USUAL OCCUPATION (G during most of working li	ive kind of work	done 10b.	KIND OF BUSINESS O	RINDUS	TRY 11. BI	RTHPLACE (St	ole ar foreig	n country)		12. CITIZ	ENOF	WHATC	OUNTRY?
	Housework		'	Housewife			Taryla	and			U	SA		
13.	FATHER'S NAME		*			14. MOT	HER'S MAIDE	N NAME						
	Levin Sp	edden	Sevm	our			Matil	da An	n Bur	rida	e			
15.	WAS DECEASED EVER IN I		CES? 16.		17, IN	FORMANT				Addre				
	no	none		none	R.	Lee	Grift	fin.S	.Auro	ra S	St. E	as t	con,	n'd.
	18. CAUSE OF DEATH	Enter only ane co	use per li	ne far (a), (b), and (c).								INTE	EVAL BE	WEEN
L	PART I. DEATH W	AS CAUSED BY EDIATE CAUSE (c	1 /	Born cho	P	-111	w m	7160				ONSE	T AND	PEATH
	, . x	DUE TO			1									
	Canditions, if ony, w	hich ) (b	<i>、 &gt;</i>	timellan	11.17	00	into 1	of.d.	- D.	Siril	?-/-			
	gave rise to immed cause (a), stoling the u	diate ( Dus To		1 12 (22.22.2	1		aru (	er sact			7	1		
	lying couse last.	now:	:1		0						/			
N	PART IF OTHER SI	GNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH 8UT	NOT RELAT	ED TO THE TE	RMINAL DISE	ASE CONDI	TION GIVE	N IN PART	1(0) 19	WAS A	UTOPSY
FICATION														NO []
RT FIG	200. ACCIDENT WAS UN	DERLYING THE	20b. DES	CRIBE HOW INJURY OF	CCURRE	Enter no	ture of injury	in Part I ar	Part II of ite	n 18.)				
CERT	(IF EITHER, NOTIFY MEDI	CAL EXAMINER)												
MEDICAL	20c TIME OF INJURY M	onth, Day, Ye					URY (Home, f		City ar town		(Co	ounty)		(Stole)
MED	Hour o.m.	19	While of wor		IGC	iuiy, sireei,	. unite blug.,	eic.j						
	21 I certify that (!)	(this haspita	) otteno	ded the decensed	from	10er	17th	196 110	100	Fn.5	., 19.6	the	at ON 6	ve) lost
	saw the deceased of		of.	24 19 6 / and						25"		lar.		
	220 SIGNATURE		-0	O	IIIGI Q	COM OCC	3,00	711		3303 0110	dii iiic	0010		DATE
	The	Brown	78S	Summere.	~/1	M D PHYS	NDING	MED DIRECTOR	STAFF PHYS					SIGNED
	22c PHYS CIAN'S		- A - Nago	1		22d	ADDRESS							
	NAME (Type)	Lliam S	. Se	ymour. II.	D		Trapp	e. Ma	rylar	ıd				
23	BURIAL, CREMATION 2	3b. DATE THEREO		23c NAME OF CEME					CATION (Cit		caunty)		(Stote	•}
	REMOVAL (Specify) Burial		61	Spring	Hil	1 Ce	meter	v Ea	ston,	1/81	ry lan	d		
24	FUNERAL DIRECTOR'S SIG			ADDRESS	11-1			EC'D BY REC			TRAR'S SIGI		E	
	W. Frampto	on Carr	011	Easton		d.	DATE	CT 31 '	61	L. 1.L.	n 2. to	المعندة		

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be Franced by the hospital or attending physician.

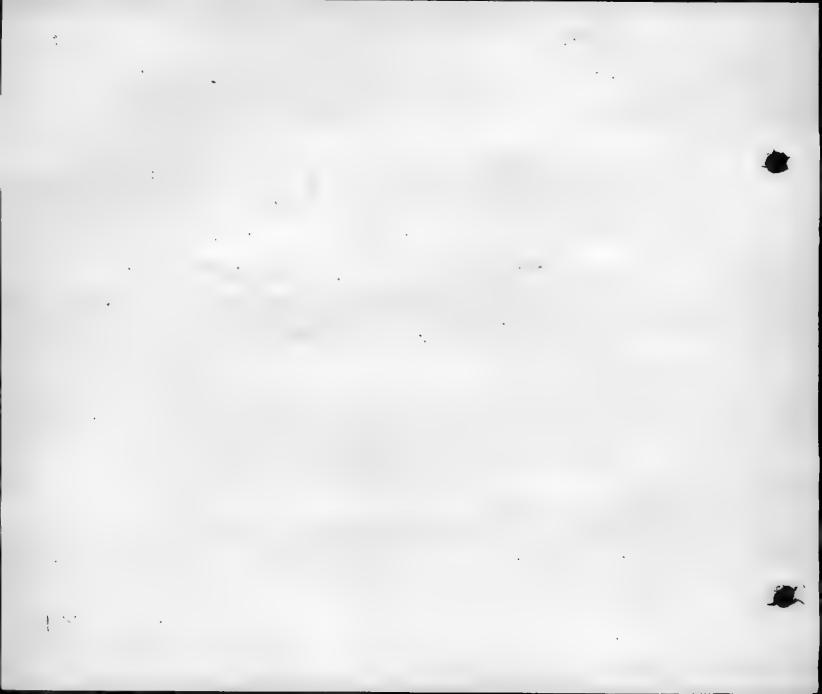
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs offer death

VR A1S (4) 1SM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director, 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence, before admission) PLACE OF DEATH/ filed a. COUNTY a. STATE **b.** COUNTY MARYLAND funerol b CITY OR TOWN (If outs de corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside serporate limits, write RURAL and give negrest town) ě PURAL and give nearest town) plnous IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION 26 YES NO puo NAME OF Middle Mont Yeor DECEASED DEATH fille oges death (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE ( n years last birthday) SEX 6 COLOR OR RACE MARRIED NEVER MARRIED pletely Doys Months Haurs DIVORCED [ WIDOWED I 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired) 12 CITIZENI OF WHAT COUNTRY? COM dod pup carbon 2 requires that the death certificate be 13. FATHER'S NAME Ξ physicion ROPANI remove Address IS WAS DECEASED EVER S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN attending please INTERVAL BETWEEN CAUSE OF DEATH | Enter only one couse perf ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE for DUE TO ģ Conditions, if ony, which (b) signed gove rise to immediate DUE TO cause (a), stating the underphysician. lying cause last. burnal-transit peen PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19. WAS AUTOPSY cremotion, PERFORMED? has YES NO NO ottending 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18) 200 ACCIDENT WAS UNDERLYING [] certificote OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ihe ç 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED (County) factory, street, office bldg , etc.) ö Hour o.m. While Not while After this of work of work hospital p m prior 21. I certify that (I) (this haspital) attended the deceased from detached Health M, from the causes and on the date stated above saw the deceased alive an 19\_\_\_\_, and that death accurred at DIRECTOR 22b DATE 22n SIGNATURE SIGNED þ ATTENDING MED DIRECTOR STAFF PHYS. Ġ. 5 PHYS M.D 22c PHYSICIAN'S Board 22d ADDRESS should NAME (Type) BUR AL, CREMATION AOVAL (Specify) 23b DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lawn, or county) e P DURIN 9 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR Chilling S. France DAS D '61 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



11890

ours after death Page 4

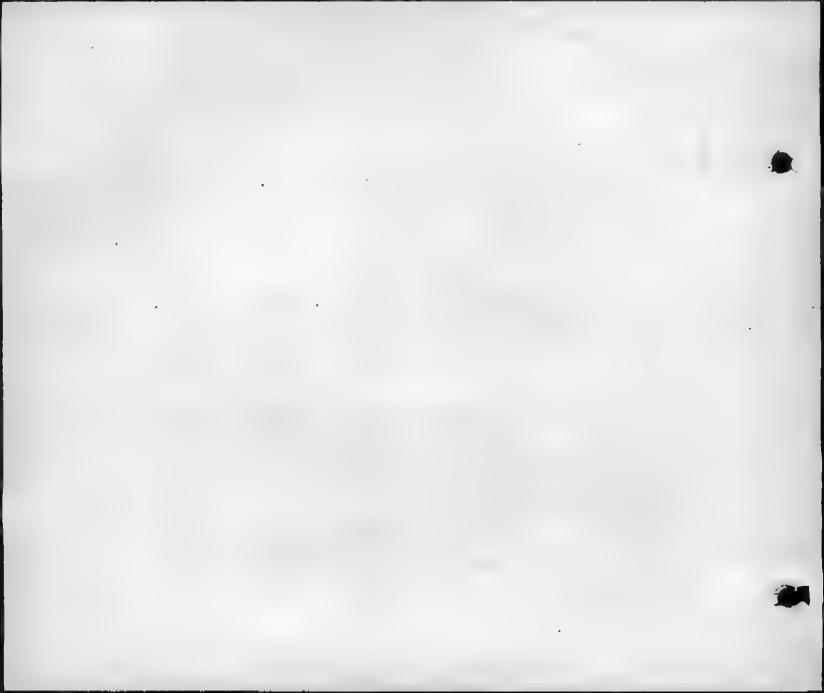
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11875

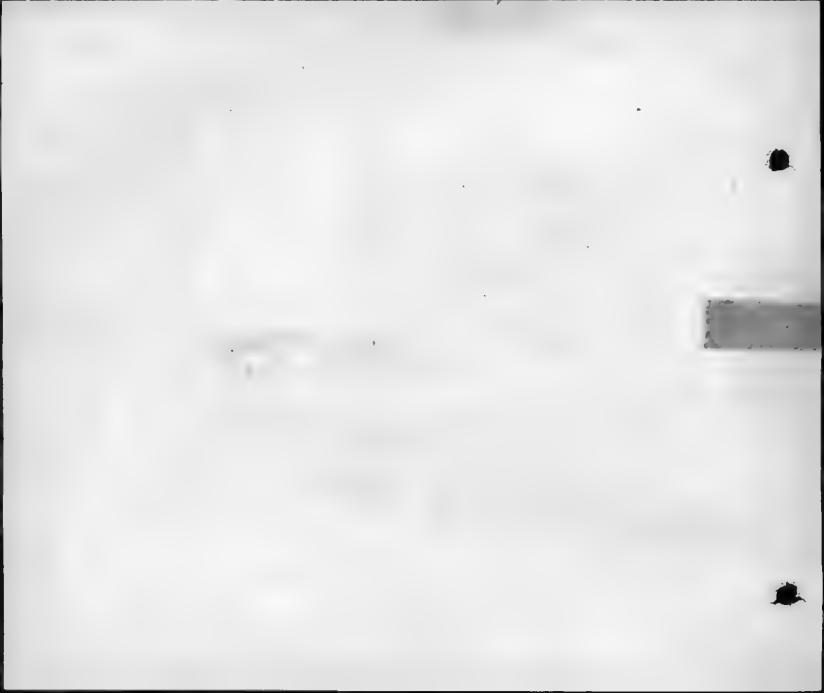
		J = 77
1. PLACE OF DEATH O COUNTY  ALL MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY  Maryland C	aroline
b. CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	
RURAL and give nearest town)	Bothlehem	- TX "
d. NAME OF HOSPITAL (Unnot in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION //A	S. SIRELI ROURESS	ON A FARM?
Memorial Hospital		YES NO 🔼
NAME OF DECEASED (Type or print)  Authorized First Lee	HARDING ATE Month OF DEATH  OF DEATH	12- 196/
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	August 10, 1901   lost birthdoy)   Months	Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND	<u> </u>	ZEN OF WHAT COUNTRY
during most of working life, even if retired) Housework Home	Baltimore, Maryland	.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
William Thompson	Unknown	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17.	INFORMANT Address	
IVes, no, or unknown) / //// /// // // // // // // // // //	Harvey E. Parding, Bethlehem, Mar	yland
18. CAUSE OF DEATH [Enter only one cause per line fazy(a), (b), and (c) ]		INTERVAL BETWEEN
MART I DEATH WAS CAUSED BY LEATICLES IN		ONSET AND DEATH
Condition it amounts (level tra	alces-bronditis	> clays.
gove rise to immediate		
lying source lest		
/ (-)	IT NOT PELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART	LICAL TO WAS ALITOPSY
TANK OTTER SIGNIFICANT CONDITIONS CONTINUES IN O TO BEATT	TO THE TERMINAL DISEASE CONDITION SITEN IN CAN	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part I or Part II of item 18 )	
	PLACE OF INJURY (Home, form, 20f (City or town)	aunty) (Stote
Hour o.m. While Not while	octory, street, office bldg., etc.)	(0.000)
E p. m. 19 at work □ at work □	12 75	
21. I certify that (I) (this haspital) attended the deceased from		L, that (I) (we) last
	death accurred at LP_M, from the causes and on the	
220 SIGNATURE	ATTENDING MED STAFF	225 DATE SVONED
Iller for of all we	M.D PHYS DIRECTOR PHYS	120461
NAME (Type) / HORSTON HARRISON	22d ADDRESS Cachen heavy land	,
230 BURIAL, CREMATION, 236 DATE THEREOF 231 NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify)		
Burial Oct. 14,1961 Junior Orde:  24 FUNERAL DIRECTOR'S, SIGNATURE ADDRESS	V Company	
Jel Tumblemer Lantecera	Isburg Md PATET 16'61 Chilling S. th	ait.d.

10 HOST CLOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reliabled by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the bunal-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled writt the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours ofter death. VR A15 (4) 13M 9/S9



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND						
		11891 CERTIFICATE OF DEATH						
Page 4 director, iled with	7	1. PLACE OF DEATH o. COUNTY o. STATE						
+ 1 T		TAIDOT MARTANO MARTANO 142801						
± 2 2 ×		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)						
offer de the fun shauld	-	EASTON 5 hrs - 35min X V RAL - 120 ZMAN, 111 D  d NAME OF HOSPITAL (If not in hospito, give street address) OR INSTITUTION  o, IS RESIDENCE ON A FARM?						
W 75.00	ر ۰	MEMORIAL HOSpitAl						
1 and		3 NAME OF DECEASED First Middle Last 4. DATE Month Day Year						
ithin 2 ely falle Geath		(Type or print)  AMES  HARPER SR DEATH  10 - 14 196/  5 SEX  6. COLOR OR RACE   7. MARRIED   B. DATE OF BIRTH  9. AGE (In years   FUNDER   YEAR   FUNDER 24 HRS						
3 # 6	/	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours Min.						
comple papers.		10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY?						
and and 272 hor		RET. FARMER ITGRICULTURE ST. MICHAELS, MD. U.S.A.						
ian corb		13 FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME						
ifical hysic nave t, with		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address						
rent cert	-	(Yes no applythen) (If yes give wor or deter of service) NONE JAMES D. HARPER JP. BAZMAN, MD.						
offends n p'eass in any		1B. CAUSE OF DEATH [Enter only one cause pyr time far (a), (b), and (c), one cause pyr time far (a), (c), (c), (c), (c), (c), (c), (c), (c						
To Be of the second sec		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) TOUR OF THE MEDIATE CAUSE (0) TOUR OF THE MEDIATE CAUSE (1) TOUR OF THE MEDIATE (1) TOUR OF THE MEDIATE CAUSE (1) TOUR OF THE MEDIATE CAUSE (1) TOUR OF THE MEDIATE CAUSE (1) TOUR OF THE MEDIATE						
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uires fl gned b permit		Gonditions, if ony, which gave rise to immediate DUE TO						
		Ving course last						
ysician, ysician, been s been s transit		THE THE SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
4: The ding ph ste has buriol cremati		YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of I am 18)						
AN: endin icate the b	$\cap \mid$	20d ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port t or Part II of item 18)  OR CONTRIBUTING 1 CAUSE OF DEATH  WALKING around house and fell - apparently hip broke  Before ne fell						
r offi certif s os burio		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF JURY (Hame, farm. 20f. (City or town) (Caunty) (State)						
PH)		Hour XaXaX 10-9-61 19 While of work of work I home Boxman Talbot Md						
JING naspi Affer ed fo pria	-	21 I certify that (I) (this hospital) extended the deceased from 21 1. 2. 1941, to 14 101, 1961, that (I) (we) last						
TENG The t		saw the deceased give an 1901 and that death accurred at 150 M, from the causes and an the date stated above						
A AT d by ZECTC be de of Hi		M.D. PHYS DIRECTOR STAFF SIGNED						
		PASCIAN STATE (Type)  22d. ADDRESS						
should te Board								
O HOSP may by O FUNES page 3 st the State		230 BLRIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)						
5 5 5		24 FUNERAL DIRECTOR'S SIGNATURE , ADDRESS , 25¢ BEC'D BY REGISTRAR'S SIGNATURE						
VR A15 (4) V	,	f. Atambelon Florrison of michael pare OCT 23'61 acting & thouse						
13/W 3/39	1	ma.						



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11892

11877

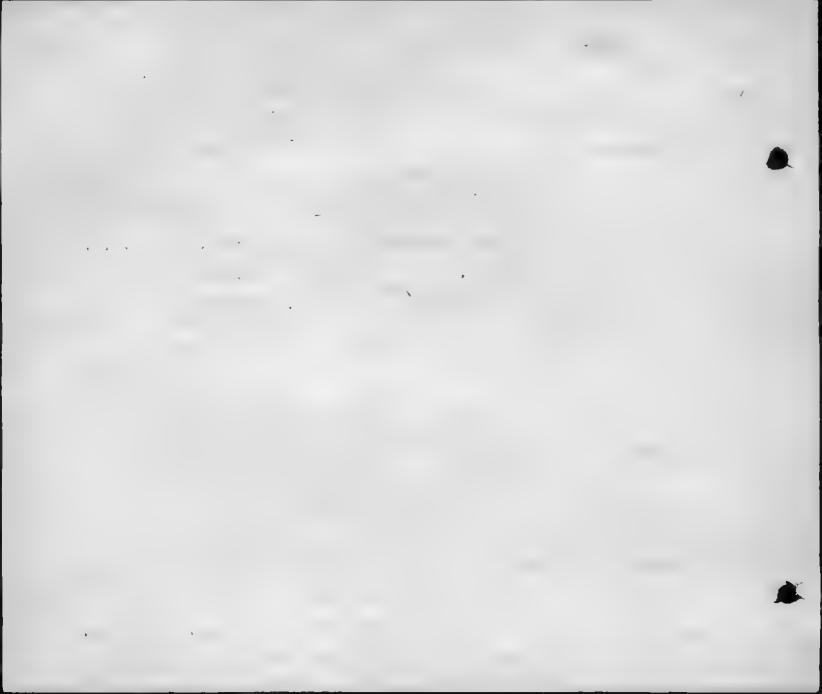
- }	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution	Residence befare admission)				
/	Talbot	MARYLAND	a. STATE	LAND 6. COUNTY	ALBOI				
	b CITY OR TOWN (If autside carporate timits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	C. CITY OR TOWN (V ou	itside carparate límits, write RURA	(L and give neorest tawn)				
	Easton.	25days.	RITEAST	TON					
	d. NAME OF HOSPITAL (If not in haspita, give street of NSTITUTION	address)	d STREET ADDRESS	1.4	6. IS RESIDENCE ON A FARM?				
	Memorial Hosp	1/6/	1 204 blove	car	YES NO D				
	3 NAME OF Pirst	Middle	Last	4. DATE Manth	Day Year				
	(Type or print) Hugeline	M. Hei	n muller	DEATH October	19 19 61				
	5. SEX 6 COLOR OR RACE 7 MARR	RIED NEVER MARRIED	B DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS				
	T. W WIDOWE	ED DIVORCED [	YAN. 23, 1880	6 75 yrs.	onths Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDE	STRY 11. BIRTHPLACE (State of	r foreign country)	12 CITIZEN OF WHAT COUNTRY?				
	NURSE	RACTICAL N	VEVEY Ju	ITZERLAND	4.5.9				
13. FATHER'S NAME									
	SPAN MAGNE		CLARAL	. UTTI					
	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16,	SOCIAL SECURITY NO. 17.1	NFORMANT	Address					
	140 3/2	8-03-4968 C	RNEST Y. IT	GINMULLER.	EASTON /				
	18. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]	11-21.	(i) A	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CAVELLAND OF the Observery								
	512 BUETON 1 10 + L - 1								
	Canditions, if any, which ) (b) Colon, meterslatte la lysh								
	gave rise to immediate cause (a), stating the under.								
	lying cause last. (c) notify, wall of Apellin								
۹.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
2	PART II. OTHER SIGNIFICANT CONDITIONS C				YES D NO D				
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED (Enter nature of injury in P	art I ar Part II of item 18)					
	Hour o. m. While		LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)		(Caunty) (State)				
	p. m. 19 at war	k at work							
1	21. I certify that (I) (this helping) attended the deceased fram								
7	saw the deceased all before the activity and that death accurred at 3.3/M, from the causes and an the date stated above								
	22a S GNATURE COULD A			D STAFF \	226 DATE				
	On MINTERNAME	-cl/	M.D. PHYS DIR	ECTOR PHYS	300 M 1941				
	22c PHYSICIAN'S NAME (Type) F M H CA	Lamiet !	22d. APTORESS	- 1M2.	. la . l .				
	F. C.11. 101	111161	C6440	111 007	aunty) (State)				
23 BURIAL CREMATION, 23b CATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, & county)									
	24 FUNERRUDIRECTOR'S SIGNATURE	(ADDRESS /	~ A	BY DECIETOAD DECIETO	AR'S SIGNATURE				
	24 FORSE TOR S. STGINATURE	AUBRESS	1/1/1		ARS SIGNATURE				
	V WINTERS CEPLAN	Y MULLOVI	DATE ME	41 % 0					



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY -Page Baltimore a. STATE Maryland
c. City of rown (if outside corporate limits, write RURAL and give nierest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN TO gneral director. write RURAL and give neerest town) Pikesville Near St Michaels
d NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Boar jo d. STREET ADDRESS IS RESIDENCE ON A FARM? retained he State B Village Read Easton Memorial YES NO X death. 3. NAME OF Middle 4. DATE DECEASED the (Typa or print) DEATH 19 24 hours after death. with AGE (in yours | IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF may 2 wit] age 5 may 1 and 2 with 72 hours last birthday) and Months Days Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page . done during most of working life, aven if ratired) Pages 1, Paperhandler Owings Mills Md. pages 1 within Alco Engravers U.S.A. P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Guilford Edward Hoff in pencil in Item 18, Give Bessie E. Sherman 914 event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) ((Ifyesgivewerordetesofservice) permit. (Wife R. Roben Hoff Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] INTERVAL BETWEEN .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal. This certificate should Conditions, if env. which gave rise to immediate cause J.O ıa "pending" **DUE TO** Examiner (a), stelling the underlying SE b used PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 16) 19. WAS AUTOPSY
PREFORMED? CERTIFICATION 2 execute the certificate writing the word NO Chief Medical should Cren 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of 'tem IB.) PRIMARY | or CONTRIBUTING [ CAUSE OF DEATH. age to bu 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, form, ' 20f. (City or town factory, street, affice bldg., atc.) should be forwarded to the PUNERAL DIRECTOR. P. el work prior 21. I certify that I took charge of the remains described above, held an Autopsy X and in my opinion Inspection Inquiry death resulted from: Accident Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE E Miles EXAMINER'S NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DΕ .± REMOVAL (Spacify) P40 ö Burial Cemetery Garrison 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11894 cremation Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where decemed lived. If institution: Residence before admission Talbot o. COUNTY o STATE Laryland b. COUNTY Caroline MARYLAND b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN IIf outside corporate limits, write RURAL and give nearest town) Denton R.D. # 1 D.O.A . d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Easton Lemoria Tone NAME OF 4. DATE DECEASED OF DEATH Paul Lnotts (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR 2-28-1007 White Days WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? None Maryland U.J.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul P. Knotts Doris Henning 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT (if yes, give war or dates of service Paul P. Knotts None Denton R.D. L Md. 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: eninascoccemia Aure e olong with for o buriol-tronsit DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITION'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY 000 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 3 should 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) edicol factory, street, office bldg., etc.) Hour a.m. Not while While of work of work p. m. d to the Chief MedicaL DIRECTOR: Poge 21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, and find that death resulted fram: Natural causes X. Accident , Suicide , Hamicide , Undetermined cause . CHIEF MEDICAL EXAMINER O FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER M NAME (Type) Dayson O. George inton. 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Greensboro Greensboro, Maryland ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Thur S. H.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES AND T

19

PERFORMED? YES 💌 NO

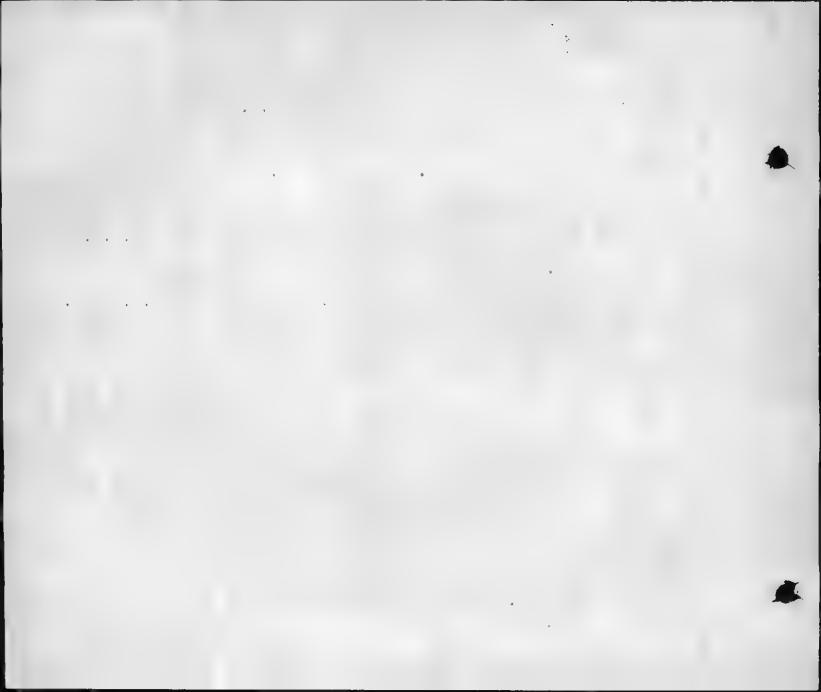
DATE SIGNED

(State)

Hours

IF UNDER 24 HRS.

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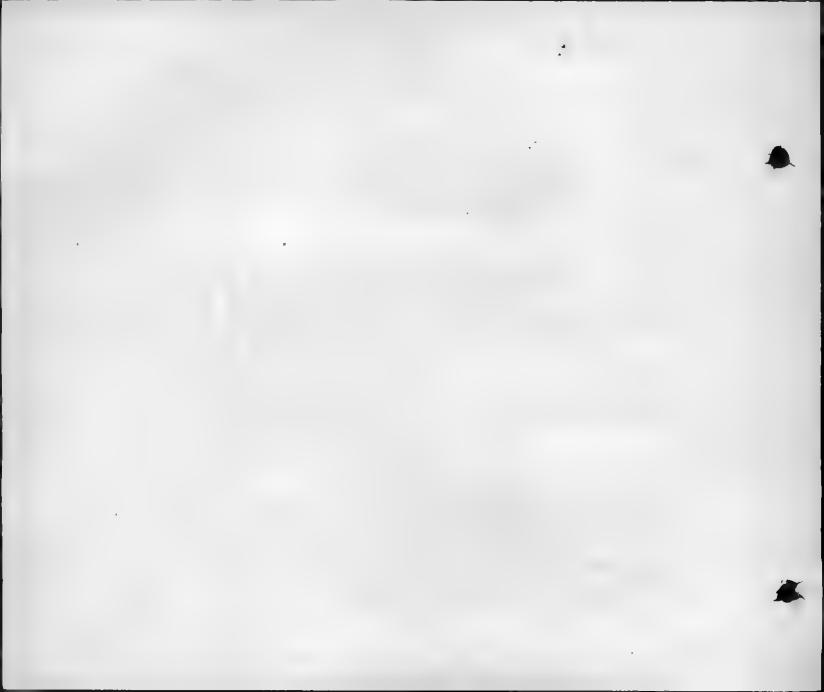
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

TO HOSP OR ATTENDING PHYSICIAN: The last requires that the death certificate be executed within 24 hours after death. Page 4 may be fined by the haspital matending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 should be detached for use on the burnol-transit permit. Then please remains agree corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to bur of, cremation, or remaind, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

	•	11895			CERTIFIC	ATE	OF DEATH				110	50
1.	PLACE OF DEATH					2.	USUAL RESIDENCE (WI	here deceased		n: Residence	befare admi	ssion)
	a. COUNIT TA	1bot			MARYLAN	MD	o. STATE Mai	ryland	b. COUNTY	Caro	line	1
,	b CITY OR TOWN RURAL and give	neacest tawn)	ate fimits, w	rite c LENG	TH OF STAY IN	1b	c. CITY OR TOWN (IF R	dgely		JRAL and giv	e nearest law	m)
١	d. NAME OF HOSE OR INSTITUTION	ITAL (If not in has	spital, give :	street address)	spital		d. STREET ADDRESS	x	None		ON.	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Ire	First ne		Middle	Koe	neman	4. DATE OF DEATH	Octob	th P_/Q_	Day 12	Year 194/
5	SEX	6. COLOR OR	RACE 7	MARRIED N	EVER MARRIED	B. D.	ATE OF BIRTH	9			YEAR IF UND	7
	Female	White	WI	DOWED 🔀	DIVORCED [	3   8	-27-1893		68 yrs	Months D	lays Haurs	Men.
10	during most of wo	ION (Give kind a	f wark dane	10b. KIND OF	BUSINESS OR II	NDUSTRY	11 BIRTHPLACE (State	ar foreign cau	intry)	12. CITIZE	N OF WHAT	COUNTRY
	Housewi		remed	None	Э		Penna.			U.	S.A.	
13	, FATHER'S NAME					14	. MOTHER'S MAIDEN	NAME				
		H	ermar	n Oscar	r Neff		Emma I	. Ho	ffmann			
15	WAS DECEASED EN	/ER IN U. S. ARMI			ECURITY NO	7. INFOR	MANT		Addr	ess		
1,	No	fir yes, give wor or	GICTIES OF SETVICE	227-7	38-5856	5 I.u	lford Swi	ng la	ston.	Larvl	and	
F	7	EATH [Enter anly	ane cause	per line for (a),	(b), and (c) ]				<u> </u>		INTERVAL B	ETWEEN
П	PART I. DE	ATH WAS CAUSE	D BY:	rech	0.500	Scu	las acc	a de	4		ONSET ANI	DEATH
	1 1	IMMEDIATE CA	DUE TO	La	FIL	P 1			<b>~</b> • • • • • • • • • • • • • • • • • • •		1-1-8	143 3
	Conditions, if	1			M 19.		speed is	6				
	gave rise to	immediate (	(b) Due to	144	Berle	- 7 -	ine Starce	Rio J	as cre	0,	46	A (
	lying cause last	8 the <u>phaet-</u>	las			5	16432_	10	-5	الما	****	1.3
2			T CONDITI	ONS CONTRIBU	TING TO DEATH	BUT NO	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	(a) 19 WAS	AUTOPSY
NOTATI						-					PERF	ORMED?
		VAS LINDERLYING	20b	DESCRIBE HON	W INTURY OCCU	IRRED (F	nter nature of injury in	Part Lor Part	II of stem 18.1		113	] 110 [
F TOPL	OR CONTRIBUTION	IG 🔲 CAUSE OF I	DEATH	, 5255, 152	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	mor more or many m					
- 1				20d INJURY OC	CURPED 204	n PLACE	OF INJURY (Hame, farn	n, 20f. (City (	ne tamen)	17	unity)	(State
MEDICAL	Haur a. m	4	· /\		while	factory.	street, affice bldg., etc	201. (City (	ar iowny	(Cal	oniy)	(Sidie
	21 1 certify th	at (I) (this-he	spital) a	ttended the	deceased fro	m ry	menter 19	53, to (	JUT 12	1961	, that (I)	(we) las
1	saw the dece		Press A				h occurred of 7:34	M. from t	he couses on		- /	
	220 SIGNATURE		1					,				2b. DATE
	- Viene	res No	Jim	عم بد		MD		ED IRECTOR []	STAFF PHYS		1011	SIGNE
	22c PHYSICIAN'S NAME (Type)						22d. ADDRESS					
н	- 77	RLES	14	LU, N	NALD		12:1	546	~ 1 , )	nd		
2:	BURIAL CREMAT		THEREOF	23c NA	ME OF CEMETER	RY OR CR	EMATORY	23d LOCATI	ON (C.ty, lawn, a	ir county)	(Sto	ote)
	REMOVAL (Spec )	y) 10-	16-61	Gr	reensbo	חדר		Gree	nsboro	l"an	vland	1
2	FUNERAL DIRECTO	R'S SIGNATURE	0 1		DRESS	Z. J. Z.	1250. REC'	D BY REGISTR		TRAR'S SIGN	The second name of the second	
19	John E	· Bou	lais	2 /2	cens)	ore	DATECT	2.3 '61	61 12	. 4		



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

11884

10/11/61

	11996		CERTIFICA	TE OF DEATH			" TOOT
1. PLACE OF DEAT		albot	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Lary)	- b CO	UNTY ~	before admission) coline l'
RURAL and gr	N (f outside carporate line nearest town)  5 +0 N	nts, write c. LEN	21 days	Greensbo		vrite RURAL and giv	e neares (lawn)
d. NAME OF HO	SPITAL (If not in haspital,	give street address)		d. STREET ADDRESS	Lone		e. IS RESIDEN ON A FAR YES NO
3. NAME OF DECEASED (Type or print)	Get		WAShii	ng tow Langaell	4. DATE OF DEATH	Month +	Day Year
s sex	6 COLOR OR RACE	WIDOWED	DIVORCED [	6. date of birth / 2-14-1888	9. AGE (In lost birth	doy) Manths D	YEAR IF UNDER 24 Pays Hours A
during most of Retir	ed Pet Mil	d)	Sachine C	STRY 11. BIRTHPLACE (Stole Company)  14. MOTHER'S MAIDEN N	aryland	12. CITIZE	U.S.A.
A	mbrose La			No Re		4.44	
(Yes, no. or unknown)	EVER IN U. S ARMED FO	service)		wid Langrel	1 Valley	View, F	a.
	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE T	Cor		2	212,		INTERVAL BETWE
gave rise t cause (a), stat lying cause l	o immediate DUE T	OFOn.		oscleosis ha	is Strum	hol Spin	· Y
SU PA	OTHER SIGNIFICANT CO	POST 206. DESCRIBE H	teteeto	NOT RELATED TO THE TERMIN	21.61	DN G VEN IN PART I	I(a) 19 WAS AUTI PERFORME YES N
20c. TIME OF IN Hour a.	IJRY MEDICAL EXAMINER	ear 20d. INJURY C		ACE OF INJURY (Hame, farm, citary, street, affice bldg., etc.		(Co	unty) (
23 I certify saw the dec	that (I) (this hospite	25.		7. 18 19 death accurred at	61. to 10.11 M, fram the caus	,	, that (I) (we) date stated ob
22c PHYSICIAN	h to	In so	7.	ATTENDING ME		3	10/1:
NAME (Typ	John N. Rob			1. D. 202 Dove	r St. East		
Burial	10-1	3-61	vame of cemetery of Greensbor	°o .	23d LOCATION (City,	oro, La	(Stote)
24 FUNERAL DIRECT	OK'S SIGNATURE	$^{\prime\prime}$	DDRESS M		T 1 3 '61	REGISTRAR'S SIGN	ATURE

the funeral directar, should be filed with urs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, moy be the fined by the hospital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages, Pages 1 the State Board of ■■Ith prior to burial, cremation, ar removal, and in any event, within 72 hays after death. TO HOST moy be TO FUNERAL D

VR A15 (4) 1SM 9/S9

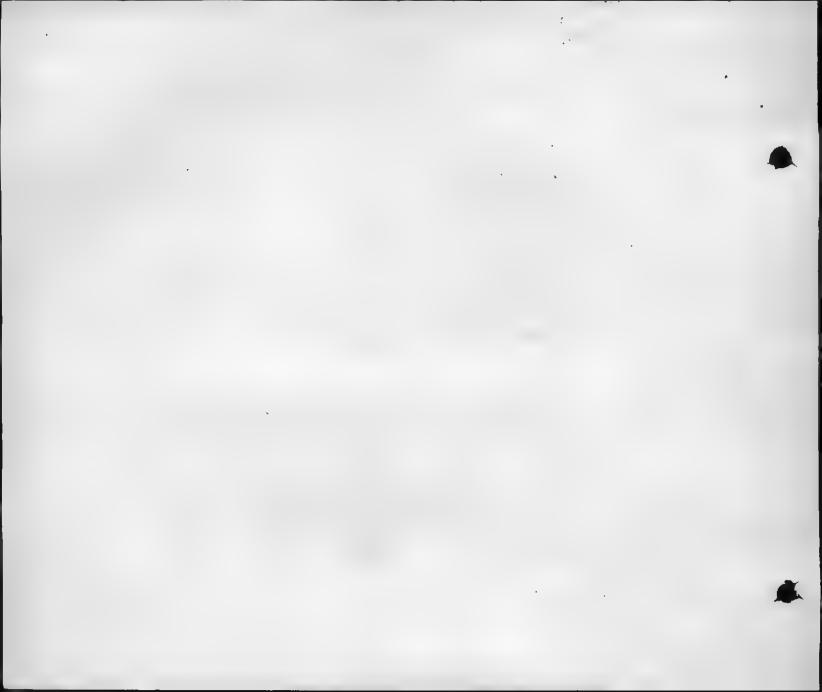


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE **b.** COUNTY MARYLAND Maryland Talbot b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give negrest lown) -b EASTON St. Michaels d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T Easton Mem. Hosp. 4. DATE OF DEATH NAME OF Month Year DECEASED (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED TA NEVER MARRIED T 8. DATE OF BIRTH 9 AGE (In years last birthday) Months Days Male white DIVORCED | June 11, 1556 WIDOWED [7] YES 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Neck Dist. Md. Chemist 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Samuel E. LeCompte Eliza Spedden attending physical communications IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address any 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] Useria due to ach croselesotic suplus father INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO cause (a), stating the underlying couse lost burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMEDE YES I NO 20g. ACCIDENT WAS UNDERLYING ACCONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20s. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Haur o. m. While Not while at work of work p. m. 194/, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an U and that death accurred at from the causes and on the date stated above. DIRECTOR: 22a SIGNATURE 22b, DATE 5 GNED ATTENDING M.D DIRECTOR PHYS 22c. PHYSICIAN'S 22d ADDRESS TO FUNE 230 BURIAL CREMATION! 23c NAME OF CEMETERY OR CREMATORY 23d LQCAT ON (City, lown, or county) (State) page the Sh

25h. REGISTRAR'S SIGNATURE

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VR A15 (4) 1SM 9/59



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	11898 CERTIFICATE OF DEATH Reg. Dist. No. 11883
M director	1 PLACE OF DEATH a. COUNTY TALBOT  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE  MARYLAND  ARYLAND  1 PLACE OF DEATH ARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE  MARYLAND
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hin 27 bour	3. NAME OF DECEASED (Type or print) (TRMDNO) (Type or print) (TYPE OF TYPE OF
pletely f	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years list under 1 YEAR) IF UNDER 24 HRS.    MALE   WIDOWED   DIVORCED   APRIL 14, 1884   In years lost birthdoy)   Manths Doys Hours Min.
exacute nd camp in pape death.	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  WATERMAN  SERFOOD  MARYLAND  12. CITIZEN OF WHAT COUNTRY?  USA.
ician al e carbo rs after	OLIVER M. LEDNUM SARAY J. HADDAWAY
certific ng phys remay 72 hau	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (191 no. or unknown) (If year, give wor or dotes of service) NONE Willie Leanum Easter Ma.
attendii n please	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Mycardial Refuel Pulparelian  IMMEDIATE CAUSE (a) Mycardial Refuel Pulparelian  IMMEDIATE CAUSE (a) Mycardial Refuel Pulparelian  IMMEDIATE CAUSE (b) Mycardial Refuel Pulparelian  IMMEDIATE CAUSE (c) Mycardial Refuel Pulp
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AN: The ending p ficate ha the burio	20a. ACC DENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI al ar att his certif use as ematian,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work at work at work at work.
Abing has bit has bit he has bit he has bit crial,	21. I certify that I attended the deceased from $4 - 12$ , $161$ , to $29 - 192$ , that I last saw the deceased alive an $60 - 29$ , $1921$ , and that death accurred at $242$ M, from the causes and an the date stated above.
A ATTEN d by the ECTOR: se detact or to bu	ACTUAL MACHINE
CAL DIR Shauld It strar pri	PHYSICIAN'S Huy M Reeser of 10-30 G/
may be care may be care be page 3 share the registrar	220 BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State)
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  1. Hamble tow Advisor La Midal Date NOV 3 '61 Outland & Hame
15M 9/58 " >	The state of the s



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11899 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before aginission a. COUNTY & **b.** COUNTY the 1 and 2 math. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give places) town) LENGTH OF STAY IN 16 Moutside corporate I mits, write RURAL and give nearest town) P A Pages d. NAME OF HOS OR INSTITUTION (if not in hospital, give street address, a. IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF paper 4. DATE Year DECEASED OF сотр DEATH DATE OF BIRTH MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR ! F JNDER 24 and last birthday) Months Hours WIDOWED DIVORCED physician move OCTUPATION (Giva kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? for foreign country ā WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO INFOR (Yes, no, or unkown) , (Ifyasg yawaropdatasofsarvica) 18. CAUSE OF DEATH [Enter only one came per line for ģ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) sais - Generalizes Conditions, if any, which gava risa to immediata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY After this certificate CERTIFICATION PERFORMEDE 20a, ACCIDENT WAS UNDERLYING I 205. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I, of Itam 18.) OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm. 20f. (City or town) (Stata) (County) factory, straat, offica bldg., etc.) WED Hour a.m. While Not While at work at work p.m. DIRECTOR: 28 21. I certify that (I) (this hospital) attended the deceased from. ....196/ , and that death occured at 2 miles saw the deceased alive on shoul form the causes and on the date stated above. ATTENDING STAFF PHY5 DIRECTOR PHYS. director, page 3 be filed with the M.D. William L. Winters 210 E. Dover St., Easton, Md. 22d ADDRES NAME (Typa) CREMATION, 236 DATE THEREOF MAME OF CEMPTERY OR CREMATORY 1 23d. MOCATION (City, lown or county) DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 9 '61



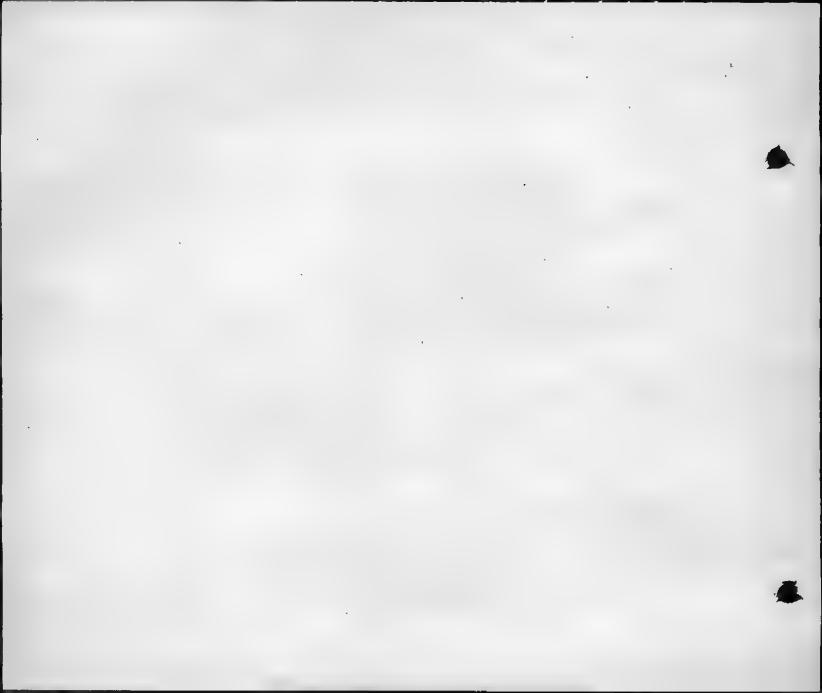
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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TEN the Party etach		sow the deceased alive on Cff 1961, and that death occurred at 12 M. From the causes and an the date stated above 22a. SIGNATURE 1 22b DATE
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SP be	₽ 2	230 BYR AL, CREMATION 236 DATE THEREOF , 23c NAME OF CEMETERY OF CREMATORY. 23d LOCATION (City, town, or county) (51016)
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5 5 6	18	24. FUNEBA. DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/59	K	Whenry Barton of Statem & Sen Cellewille Med DATE NOV 3 '61 a Ilm & Kraus

TO HOSP COR ATTENDING PHYSICIAN: The law requires that the death mertificate be executed within 24 hours after death may be need by the hospital ar attending physician.

TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler by the funeral



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 11903 director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND ia rvland ralbot the funeral a b. CITY OR TOWN (If autside carporale limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest town) Easton 95/0h d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? and 2 nome Ria 496 August Street YES NO TO NAME OF DATE First Middle Month Year DECEASED Sand (Type or print) DEATH E ages enneth TOPOR 19 (1) deat IF JNDER 1 YEAR IF JNDER 24 HRS. 5. SEX 6 CÓLOR OR RACE MARRIED IN NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) ofter Months May 21. 1929 Male White DIVORCED | WIDOWED | popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo foreman railroad USA Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Sard Emma Mills physicie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 406 August St. 6 no none Betty Sard Easton attendi 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 급 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embryonal VeaR DUE TO 2 Canditions, if any, which (b) gned gave rise to immediate ber DUE TO cause (a), stating the underte has been sig lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 1B.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f, (City or town) (County) (State) factory, street, affice bldg., etc.) MEDI Hour a.m. While Not while at work O at work p. m. 1960 10.16 1961, that (1) (we) last Jepo 2). I certify that (1) (this haspital) attended the deceased fram...... and that death accurred at M. from the causes and an the date stated above. 16 1961 saw the deceased alive an DIRECTOR: 22a S GNATURE 22b DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR [ M.D. 22d, ADDRESS D 22c. PHYSICIAN'S NAME (Type) ASTON 23a BURIAL CREMATION, 23b DATE THEREOF FUNE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) page the Sta REMOVAL (Specify) Buria Spring Cemeterv Mag ton 9 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 250, REC'D BY REGISTRAR OCT 2 0 '61 Cirllan & Hours VR A15 (4) DATE Easton. Md 15M 9/59 rampton carro

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, USUAL RESIDENCE Where deceded lived PLACE OF DEATH If institution: Residence before admission) E G a. COUNTY o. STATE b. COUNTY uneral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (if not in hospito give street oddress) STREET ADDRESS OR INSTITUTION 67 162 Box puo 2. NAME OF 4. DATE Middle Month Last OF DEATH DECEASED (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Months WIDOWED TO DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) duting most of working life, even if retired) 13. FATHER'S NAME wh Kowh physicii 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yas, no, or unknown) (If yes, give war or dates of service) CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ģ Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20f. (City or lown) (County) factory, street, office bldg., etc.) Hour o m. While Not while al work 🔲 ol wark 📋 21. I certify that (I) (this haspital) attended the deceased fram... 196/ saw the deceased alive an. and that death accurred at M, from the couses and an the date stated above TO FUNERAL DIRECTOR 22g SIGNAT ATTENDING MED DIRECTOR STAFF ALD: 22d, ADDRESS 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City REMOVAL (Specify) ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

DATE

IS RESIDENCE ON A FARM?

YES NOT

Year

19

INTERVAL BETWEEN ONSEL AND DEATH

WAS AUTOPSY

(State)

PERFORMED? NO D

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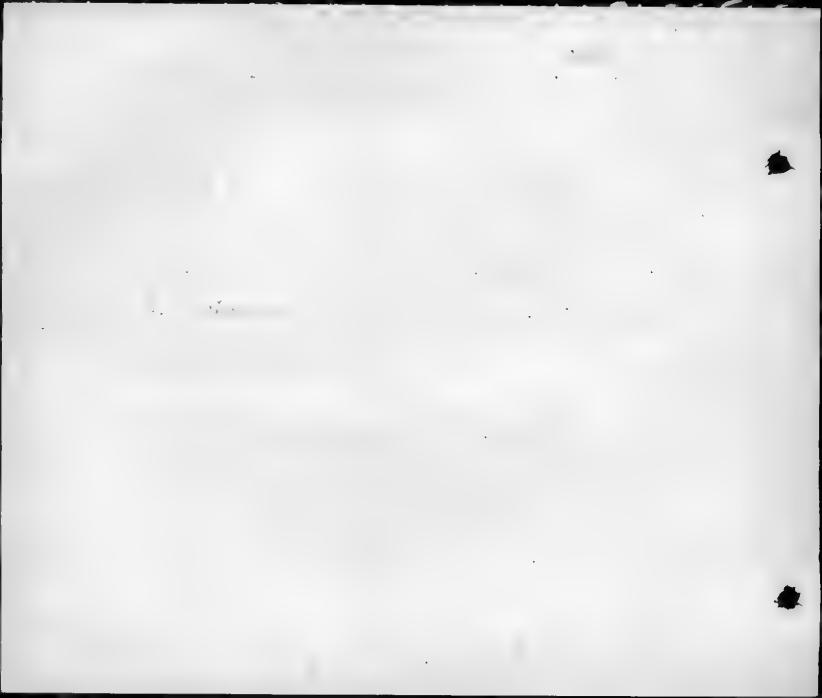
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

<b>CERTIFI</b>	CATE	OF D	EATH

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1	PLACE OF DEATH O. COUNTY	AAARWI ANIR	2. USUAL RESIDENCE (Wh	ere deceased lived. If in:		efore admission)
/  _	19/00/	MARYLAND	[IAKY	LAILU	146	1307
	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, w	rite RURAL and give	nearest tawn)
, _	LasTon.	32 days.	101.111	CHAELS,		
,	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUT ON	address)	d STREET ADDRESS			e. IS RESIDENCE
	Memorial H	spital				YES NO
3.	NAME OF DECEASED	Middle	Last	4. DATE OF	Month	Day Year
	(Type or print) Sakah	Lena	Sparks.	DEATH OCTO	_ ~ .	17 1961
S	SEX 6 COLOR OR RACE 7 MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ) lost birtho	rears IF UNDER 1 YE	EAR IF UNDER 24 HRS
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	HOUSEWIFE		MARYL	AND	U.	) /4
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	11		
	CHARLES WILLE	: <u>/</u>	WARAH	HARRI	SOVV	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 11 na. aptentyrawn (15 year, give war or dates of service)	SOCIAL SECURITY NO. 17 II	NFORMANT		Address	. m
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	1B CAUSE OF DEATH [Enter only one couse per li	ne for (a) (b), and (c).]	1			NTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	Mighed	Terr			3000
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MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Haur o m. White	NJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form clory, street, office bldg., etc.	, 20f. (City or town)	(Coun	nty) (Stote
Y.		k at work		t		
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	sow the deceased alive on	2_19 6 ond that	death occurred at 32/	M, from the couse	s and on the de	ote stated above
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	226 PHYS CLAYS VANAME (Type)	1/20	22d. ADDRESS	- 0	12. 110	-1
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2:	BURIAL, CREMATION, 23b, DATE THEREOF	23c MANN OF CEMETERY	R CREMATORY	236 LOCATION (City, to	own for county)	(State)
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2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			C Ilm & A	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11904

**CERTIFICATE OF DEATH** 

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3	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before	are admission)
8 1	O. COUNTY TO 160T MARYLAND	Maryland b. COUNTY Care	oline '
IVI)	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give new	arest town)
<u>B</u>	Easton 21 days	Ridgely	
å () s	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS None 0 5 %	e. IS RESIDENCE ON A FARM9
20	EASTON MEMORIAL	Notice 0.2 %	YES NO
16	3 NAME OF First Middle	Last 4. DATE Manth Do	ay Yeor
1 T	(Type or print) (1) O. p. p. ST.	ACK. DEATH OCT 10	0 196/
24	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	Last broth to A	R IF UNDER 24 HRS
4 4	Female White WIDOWED DIVORCED	5-20-1895 66 yrs. Months Doys	Hours Min.
hours	Too USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI- TOST 13SVel Post Office	JSTRY 11. BIRTHPLACE (Stote or foreign country)aryland 12. CITIZEN O U . N	F WHAT COUNTRY?
72	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
e in the second	John K. Lynch	Anna Bechtel	
, to v 		NFORMANT Address	
e ce	[Yes, no, or unknown] [If yes, give wor or dates of service]	Lucy C. Lorgan Allentown, Pa.	
ony	18. CAUSE OF DEATH [Enter only one cause per line for (6), (b), and (c) ]	INT	ERVAL BETWEEN
£.5	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	ON	SET AND DEATH
The ond	576 X DUE TO N	1	
# 15	Conditions, if any, which (b) U-e1728211	zed peritor/175	
permit removo	gove rise to immediate Cause (a), stating the under-		
or re	lying cause last. (c)		
7 =	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
iotio	CAT		YES NO
he buriol-tra	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRING TO CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter noture of injury in Port I or Part II of item 18 )	
so or or	3 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e P	LACE OF INJURY (Home, form, 20f. (City or town) (County)	) (State)
5 5	20c TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e P Hour a. m. White Not white of work of work	actary, street, affice bldg., atc.)	
d for	21. I certify that (1) Ahrs has italy strended the deceased from.		not (I) (wa) lost
4. <del>1</del>	1 Zi I W AVIA V	deoth accurred at OOM, from the causes and on the date	
detoched Health p	220 5 G 10 10 10 10 10 10 10 10 10 10 10 10 10		22b, DATE
o g	Clerkehmen	M.D. ATTENDING MED STAFF	11967
Board	22c PHYSICIAN'S NAME (ITYPE) ( + So by 122)	22d. ADDRES- 25/07 //25//	and.
3 sh	230 BURIAL CREMATION, 23b. DAYE THEREOF 23c. NAME OF CEMETERY (	OR CREMATORY 23d LOCATION (City, town, or caunty)	(Same)
page 3 sh the State	REMOVAL (Specify)		(State)
à.‡	Burial 10-20-61 Holy Cros	Near Greensboro	JRE .
(4)	The Barbard office will and a me	DATE DET 1 9 '61 Chilling S. throng	

OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 and by the haspital or attending physician.

DIRECTOR: After this certificate has been staned by the oftending physician and completely filled.

TO HOSP VR A15 ISM 9/59

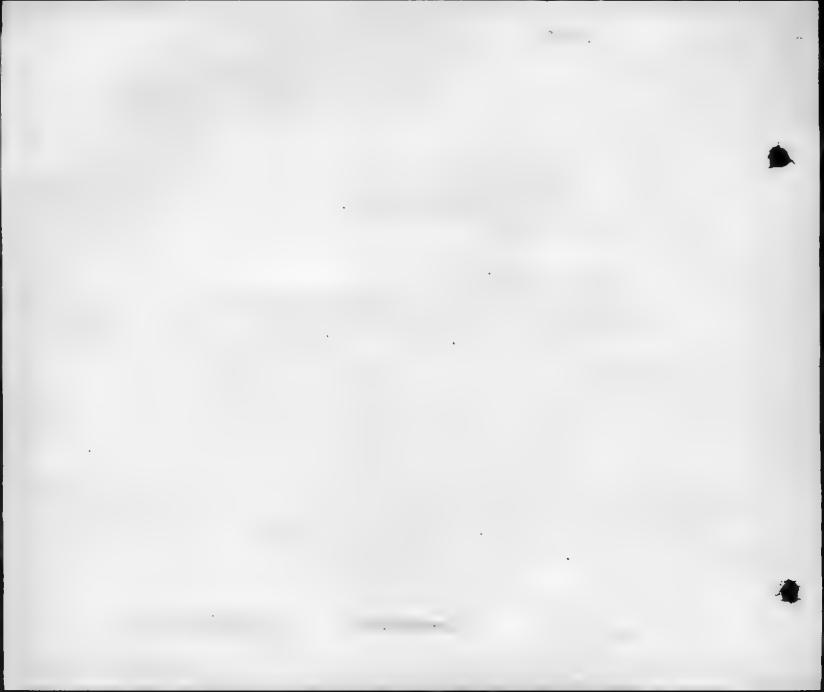


11890

	GERTITION	IL OI DEATH		
1. PLACE OF DEATH a. COUNTY AH301	MARYLAND	a. STATE MARY	re deceased lived If institution: Resider	eN ANKL
b. CITY OR TOWN (If autside carporate limits, v RURAL and give nearest tawn)	,   / /	c. CITY OR TOWN (If au	CHESTER	give nearest town)
d NAME OF HOSPITAL IIF not in hospital, give		d STREET ADDRESS	1)X	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Edith	Middle	thompson.	4. DATE Manth OF.	Day Year 196/
Let + -	MARRIED   NEVER MARRIED   DIVORCED	8 DATE OF BURTH  AUG. 11 - 190	9. AGE (In years last birthday) Manths / yrs.	Days Haurs Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *  ### OUSEWIF	106 KIND OF BUSINESS OR INDU	ViRG,	INIA	USA
3. FATHER'S NAME	SMITH	14. MOTHER'S MAIDEN NA	DNKNOWN	
S WAS DECEASED EVER IN U. S. ARMED FORCES [Yes, no, or unknown] [19 yes, give war or dates of service		AMES E. TH	Address OMPSON = ONE	NTOWN
Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause tost.    DUE TO	Left ven Atherosofer	tricular	t disease	3 mond
PART II OTHER SIGNIFICANT CONDITION				RT 1(a) 19. WAS AUTOPS1 PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Pa	art I ar Part II af item 18 )	
Haur a m.		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f (City or town)	County) (State
23 I certify that (this haspital) a saw the deceased alive an	17.1		A, fram the causes and an th	
220. SIGNATURE	ellmen	M.D. ATTENDING MET PHYS DIRI	ECTOR   STAFF   //-	Oct-1969
NAME (Type)		ard, ADDRESS		
30 FURIAL CREMATION, 23b. DATE THEREOF	1230 NAME OF CEMETERY C	:Y:CHURCH	CHESTIER	market (State)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS HER	DEL DAUCT	BY REGISTRAR 2Sb. REGISTRAR'S SI	

irs after death, Page 4 by the funeral director, I 2 shauld be filed with pup TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 may be to the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death VR ATS (4) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11000

1189:

-)		TTOOD CEVILLO	AL OF PLATE
/	1. P	LACE OF DEATH  COUNTY ALBOT MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  O. STATE
	6	CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)	b c CITY OR TOWN (6 outside corporate limits, write RURAL and give nearest town)
_	c	S. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION Ser COLOS BORO	30 2 SULDS DORO G. IS RESIDENCE ON A FARM? YES NO 10
'		NAME OF First Middle DECEASED Type or print)  HATRISON	TILGHMAN DEATH OCT // 196/
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH  SEPT 6-1885  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HR Jost birthday)  Months Days Haurs Min.
		USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired)	MARYLAND U.S.a.
)	ы	OSWALD TILGH MIN	BELLE HARRISON
	15. Yes.		MRS. HARPISON TILGHMAN FASTON
	1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c) ]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COLUMN THE	interval Between ONSET AND DEATH SULLALLY
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A JTOPS PERFORMED? YES NO
		200 ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(RRED. (Enter nature of injury in Port I or Port (I of stem 18)
	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o. m.         19         20d INJURY OCCURRED While of work at work a	PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (Stor foctory street, office bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased fra saw the deceased alive an 31/44 11941. and the	im. 34.49. 1960 to 110ct , 1961, that (1) (we) to at death occurred at 224M, from the causes and an the date stated above
		220. SIGNATURE State on	M.D. PHYS MED STAFF 13 Lolly SIGNI
		22c. PHYSICIAN'S NAME (Type) HERSTEN HARRISGA	Cachy May Land
	23a	CLRIA., GREMAT ON 236 DATE THESTOF 23c. NAME OF CEMETER CONTRACTOR (Specify)	DX FORD PID
	24.	ADDRESS SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

the attending physician and completely file of and by the funeral director. Then please remave carbon papers. Pages 1 and 2 should be filed with ours after death. Page may be Amined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fire, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24)

TO HOSE

VR A15 (4) 15M 9/59



ICAL RESEARCH AND RECORDS - BALTIMORE I, MARYLAND CERTIFICATE OF DEATH

	RYLAND STATE STATISTICAL RESEARCH
11907	CERTIFICA
1. PLACE OF DEATH a. COUNTY	MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16
OR INSTITUTION X CYTO READ	oddress)
3 NAME OF DECEASED (Type or print) Benia-Min	Middle
S SEX NAPE REGYO WIDOW	
10a. JSUA: OCCUPATION (Give kind of work done during most of working life, even if retired)	Valerman
Triffin WAShin	gton
IS WAS DECEASED EVER IN U S. ARMED FORCES? 16	SOCIAL SECURITY NO 17

18 CAUSE OF DEATH [Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to immediate

cause (o), slating the underlying cause last.

2	STATE MA	Where deceased lived.  Ry And b	If Institution: Residence COUNTY QUA	before admission

11892

	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE
-	MAN JANA QUEEN HAME
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	GRASONVIIIE .
	e is residence on a fam?
J	
)	AS hing to () DATE Month Day Year DEATH /O 196/
Ì	B. DAJE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IS UNDER 24 HRS
	NOV. 29, 1916 (ast birthday) Manths Days Hours Min
15	STRY 17. BIRTHPLACE State of foreign country)   12 CITIZEN OF WHAT COUNTRY?
	MHAYIAND U.D.H.
	14. MOTHER'S MAIDEN NAME
	MHK V Wilson
þ	JEORMANT Address
Į	Aul WAShington - Describle, Md
ď.	TERVAL BETWEEN
9,	MEMILE. 19-30-61
_	under Rignorphyse. 9-30-61
ŀ	- NIINELLEUSIN - ZURANS-
4	77077-001000
T	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	PERFORMED? YES \( \sqrt{NO} \)
El	(Enter nature of injury in Part I or Part II of item 18.)
1000	ACE OF INJURY (Home, form, lotory, street, office bldg., etc.) (City or town) (County) (State)
	9-30 1961 to 10-12-1961, that (1) (we) last

			PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCUPANTIBUTING TO CAUSE OF DEATH OF THE PROPERTY OF T	URRED (Enter nature of injury in Part	t I or Part II of Hem 18.)	
Hour a. m. 19 20d. INJURY OCCURRED 20d. P. m. 19 20d. While at wark at work	e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)		(County) (Sta
1 certify that (I) (this haspital) attended the deceased from the deceased alive an 10-12-19 (1/2) and the	art death accurred at $3\frac{26}{19}$ M	I ta lo-12-	19.4. that (I) (we) to
William L. Wutter		CTOR STAFF	19/13/6 /
WILLIAM L. WINTERS	22d. ADDRESS 2/0 & D	OVER EA	STON Ad

BURIAL, CREMATION, REMOVAL (Specify)

MEDICAL CERTIFICATION

**DUE TO** 

PART EL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU

23c. MAME OF CEMETERY OR CREMATORY

(State)

25b REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE

25a REC'D BY REGISTRAR

Calling & Three

VR A15 (4) 15M 9/59

requires that the death certificate be executed within 24 ond in any moy be presented by the hospital or attending physician.

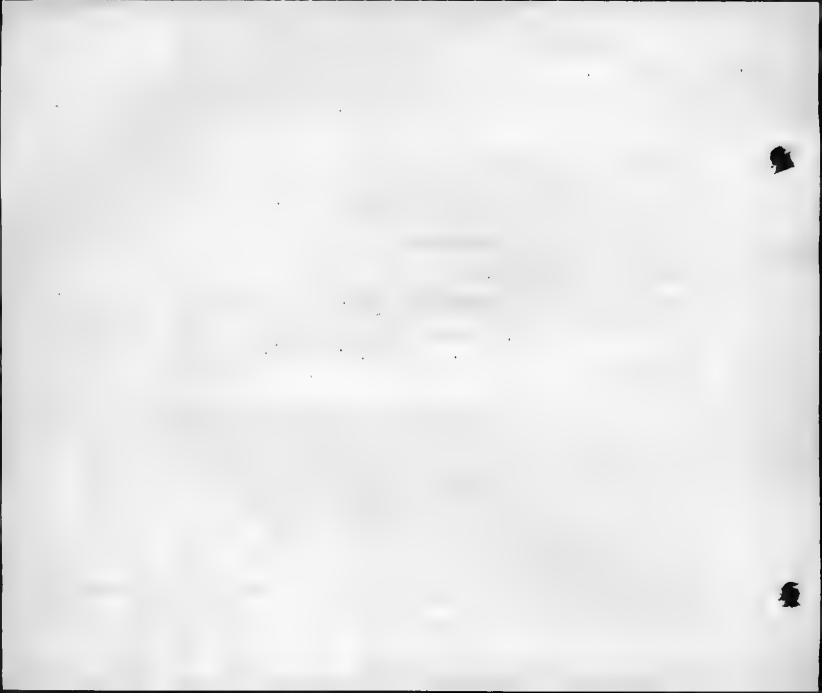
TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. the State Board of Health prior to burial, cremation, or removal,

the funeral director, should be filed with

ng physician and completely filled e remove corbon papers. Pages 1 event, within 72 hours ofter death

offending p

rs ofter death. Page

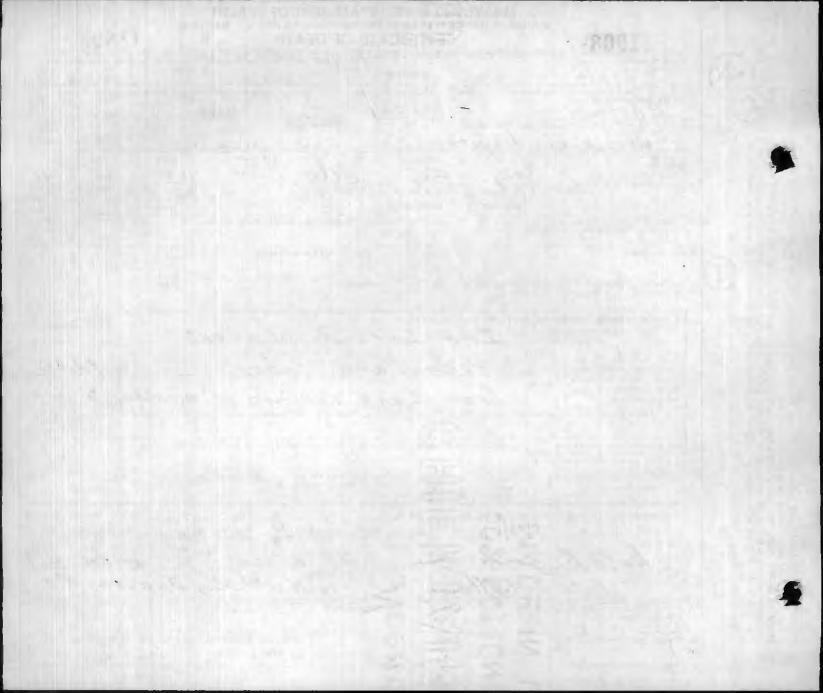


VR A1S (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS - F	LALTIN	ORF 1 MAR

		DIVISION OF	STATISTICAL RESEARCH	H AND R	CORDS - BALTI	MORE 1, MAR	YLAND			
	11908	O - PI	CERTIFIC	ATE	OF DEATH	1-10		118	93	
	PLACE OF DEATH	+CE Z 11	<del>om our in ce</del>	3. V	SUAL RESIDENCE (WA	nare deceased live		ın: Residence be	fore admiss	ian)
	TAlbot		MARYLAN	ID "	9.7	aryland	b. COUNTY	Caro	line	1
	b. CITY OR TOWN (If outside corpo RURAL and give nearest tawn)	arate limits, write	c. LENGTH OF STAY IN 1	b /7 c.	CITY OR TOWN (If	outside corporate	limits, write RI	JRAL and give	nearest tawr	1)
	EASTON	*	- 6 17 KS 10	- 64	4345-24	Dento	n	O	21	-
	d. NAME OF HOSPITAL (If not in, h	aspital, give street o	oddress)		. STREET ADDRESS	1				FARM?
2	MEMORIA	1 /103	DITAL			verton	Avenue		-	) NO [
	NAME OF DECEASED (Type or print)	BADY	Middle 2	h	(ebb	4. DATE OF DEATH	act	_	~	Yeor 196/
5.		R RACE 7. MARR	IED NEVER MARRIED	7 8. DAT	TE OF BIRTH	9. A	GE (In years ist birthday)	IF UNDER TYE	1	-
	Maa W	WIDOWE			111/6	/ la	ist birthday) yrs.	Manths Day	s Hours	Min.
10a	. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b.	KIND OF BUSINESS OR IN	IDUSTRY 1	1. BIRTHPLACE (State	ar foreign country	1)	12. CITIZEN	OF WHAT	COUNTRY
	Marie	,	1 11-8		Mar TOW	1/1/1/1	101 2	1. 1/2	- /	41-4
13.	FATHER'S NAME	30. 70	111_	14,	MOTHER'S MAIDEN	NAME /		1453	191	
-	Mr. 1. 31 File 2	1	11		Jan Land	- 1 V- V-	£/	-009 E.	1	
	WAS DECEASED EVER IN U. S. ARI	MED FORCES? 16. :	SOCIAL SECURITY NO. 1	7, INFORM	ANI	11	Addr	229		
	TO CALLER OF DEATH (C.	1:	6 6 1 71 1 4 2 3 3	-				1 10	NTERVAL BE	ETIA/EFA/
	18. CAUSE OF DEATH [Enter on PART I, DEATH WAS CAU				dove	1	10×	Ö	NSET AND	DEATH
	IMMEDIATE !	DUE TO	mmalu	16	40101	pare	nu.			
	Canditions, if any, which )		Premat	Lur	- 101	hor			12	415
	gave rise to immediate	(b)	reman	101	c lac			,		,
	lying couse lost.	(c) - 9	rematu	re	ruptu	re of	men	nbrane	80	day
NO	PART II, OTHER SIGNIFICA	NT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT I	RELATED TO THE TERM	INAL DISEASE CO	NDITION GIV	EN IN PART TO		AUTOPSY ORMED?
CAT									YES X	NO [
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL				PLACE O	F INJURY (Home, form	n, 20f. (City or to	own)	(Caun	ly)	(State
MED	Hour a.m. p.m.	1 While of wari	Not while	raciary, a	meer, unice blog., esc		- D			
	21. I certify that (I) (this h	naspital) attend	led the deceased fro	ım./_/	12	, .ta		19	that (I) (	(we) las
	saw the deceased alive a	n 10 22 6	19 and the	at death	accurred at	M, fram the	causes an	d an the do	ite stated	abave
	220. SIGNATURE 22b. DATE SIGNED STAFF SIGNED									
	ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR AMED. STAFF 22c. PHYSICIAN'S  22d. ADDRESS									
	22c. PHYSICIAN'S NAME (Type) Dale	R. Ko	Ilman, M	D.	16 Nia	2 md St.	; De	entor	c, N	18.
230	BURIAL, CREMATION, 23b. DAT	10/30/	23c. NAME OF CEMETER	Y OR CRE	MATORY (Tal)	23d, LOCATION	(City, tawn, o	ar caunty)	/ (Sta	te)
24.	FUNERAL DIRECTOR'S SIGNATURE	1	ADDRESS	1	2Sa. REC	D BY REGISTRAR	25b, REG!	STRAR'S SIGNA	TURE	
15	Douglas Itis	Litely .	Ta Tu To	1201	DATE NO	OV 1 '61	an	thun 8 H	tales.	
-		/								

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11894

	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Who do state Maryle	ere deceased lived. If instituti b. COUNTY	on: Residence before Talbot		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 16					
	EASTON	100a45	X Easton	n (rural)			
	d. NAME OF HOSPITAL (If not in haspital, give street OF INSTITUTION  MEMORIAL HOSP	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED (Type or print) HANNAH BO	hrens 1	Vilke	4. DATE Mor OF DEATH /O	ith Da	_	
S.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last bigthday)	Months Days	IF UNDER 24 HRS. Hours Min.	
F	emale White wow	VED DIVORCED	Feb. 6, 1895	66 уп.	Thomas Days	Hoors Min.	
10a	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	ar fareign country)		WHAT COUNTRY?	
		house work	Germany		USA		
13.	FATHER'S NAME	RE	14. MOTHER'S MAIDEN N	IAME			
		rns	Marie Ga	rrels			
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT	Add	ress		
(110	no (If yes, give war or dates of service)	15 36 2380 Mr	. Fritz Wil.	ke, Box 207, E	Caston, F	D.Md.	
	18. CAUSE OF DEATH [Enter only one cause peg,				INTE	ERVAL BETWEEN	
	PART 1. DEATH WAS CAUSED BY:	6 d aunial	Care ihor	us trong	ONS	ET AND DEATH	
	DUE TO	0					
	Canditions if any subjet )	1/010-10	CINA- L. Kar A	of the on	cares 3	MECHA	
	gove rise to immediate	ocen a - ca	von a preside	y rose	-00/	1	
	twine cours lest			/	/-		
z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 1	9. WAS AUTOPSY	
ATIO						PERFORMED?	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 1 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Parl II of ilem 18.)		ILI III	
ERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		- (- m)	,			
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f (City or town)	(County)	(Stote)	
MEDICAL	Hour a.m. While	s Not while fa	ctary, street, affice bldg., etc	.)	(County)	(3.010)	
×	p. m. 19 at wa	ork at work		W 11 - 11	- //		
	21. I certify that (I) (this haspital) atten	ded the deceased from.		77 , to OE	, 190, th	ot (I) (we) lost	
	saw the deceased alive on DET	1 180 and that a	deoth occurred ato	M, from the causes ar	nd an the dote		
1	220. SIGNATURE	del.	ATTENDING M	ED STAFF	1-+	22b. DATE	
	Lan CCC	ing	M.D. PHYS. DI	RECTOR PHYS.	UC 1.	1/170	
	22c. PHYSICIAN'S NAME (Type)	1 -0 -	22d. ADDRESS	EEN A	1111-	102	
	XURT LE	DERER	400	JEN / / /	NE	12.	
230	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town,	ar county)	(State)	
	REMOVAL (Specify) Burial 10/17/61	St. Paul's	Cemeterv	Cordova Pi	Mary	land	
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	107		ISTRAR'S SIGNATU		
	1. Franciston ( Mrs.	all Caster	and . DATEOC	T.2.0 '61	11-02		
	W. Frampton Carroll		7-74				

